Davis4Health

COMMUNITY HEALTH IMPROVEMENT PLAN

2024-2028

Acknowledgments

Davis4Health Steering Committee:

- AARP
- Adult Protective Services
- Board of Health
- Bountiful Community Food Pantry
- Centerville Cares
- Centerville City, Mayor
- Clearfield Job Corps Center
- Continue Mission
- Davis Behavioral Health
- Davis Chamber of Commerce
- Davis Community Housing Authority
- Davis Community Learning Center
- Davis County
- Davis County Commissioner
- Davis County Community & Economic Development
- Davis County Domestic Violence Coalition, Protective Factors for Utah Families
- Davis County Health Department
- Davis County Sheriff's Office
- Davis Education Foundation
- Davis Head Start
- Davis Journal
- Davis School District
- Davis School District Board of Education
- Davis Technical College
- Davis Tourism Director
- Department of Workforce Services
- Family Counseling Service of Northern Utah
- Family Services
- Francis Peak/Mercy Housing
- Grandfamilies, Children's Service Society
- Health Access
- Health Choice Utah
- Help Me Grow Utah
- Hill Air Force Base
- Holy Cross Hospital - Davis
- Hope Center
- Intermountain Health
- Lakeview Hospital
- Layton City
- Layton City Council
- Layton Community Action Council
- Lindquist Mortuary
- Live Strong House
- Midtown Community Health Center
- My Discovery Destination
- No Hunger Zone
- NUAMES
- NUHOPE
- Office of Congressman Chris Stewart
- Office of Equal Opportunity Director, Davis School District
- Office of GAL and CASA
- Office of Representative Blake Moore
- Ogden Clinic
- Open Doors CAP
- Regional Prevention Director
- Roads to Independence
- Safe Harbor
- Saprea
- Sol Recovery
- South Davis Recreation Center
- The Children's Center Utah
- The Church of Jesus Christ of Latter-day Saints
- The Family Place
- United Way
- Utah Pacific Islander Health Coalition
- Utah Parent Teacher Association
- Utah State University Extension
- Vocational Rehabilitation
- Weber State University & Ogden CAN

Community Coalitions & Workgroups that Provided Valuable Input:

- Davis County Abuse Prevention Workgroup
- Davis Behavioral Health Network
- Davis County Family Strengthening Network
- Davis County Human Services Cabinet
- Davis County Marshallese Moms & Babies
- Davis Food Environment Workgroup
- Davis HELPS
- Davis Links
- Davis County Domestic Violence Coalition
- Davis County Human Services Directors Committee

Questions about this report can be directed to: Davis County Health Department, Health Strategy Bureau, 801-525-5212, healthstrategy@co.davis.ut.us

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Executive Summary

This *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)* is the third iteration of a common agenda used by Davis County community members and partners to guide activities and resources for creating a healthier community. All have a stake in creating a healthier community, and no agency can address complex societal issues alone. Public health partners, community leaders, and community members can work together to create a healthy place to live, learn, work, play, worship, and rest.

Motto

The motto of the *CHIP*: **Connection is the key. Resilience is the outcome.**

Connection is the key to the plan, meaning social connection to each other (family, peers, neighbors, and community), as well as connection to resources. These types of connections are critical building blocks for resilience (the ability to bounce back from life's challenges) for both individuals and the Davis County community.

Davis4Health

Davis4Health is the Davis County community health improvement collaborative with partners representing more than 50 agencies and community groups from many sectors.

Partners follow the steps of the County Health Rankings & Roadmaps **Take Action Cycle** to guide community health improvement processes. The five steps are:

1. Assess Needs & Resources
2. Focus on What's Important
3. Choose Effective Policies & Programs
4. Act on What's Important
5. Evaluate Actions

Davis4Health partners and the individuals and organizations contributing to the *2024-2028 CHIP* are guided by **three essential, overlapping approaches**:

- Health Equity Approach
- Protective Factors Approach
- Trauma-Informed Approach

Community Assessments

Several community assessments with new data and resources informed the priorities and strategies in this plan:

- *2023 Davis4Health Community Health Assessment*: a comprehensive effort to describe the factors that influence the health of the community. Through bringing together data from a variety of sources, the report summarizes community strengths, resources, and areas for improvement in Davis County.
- *2023 Davis County Community Equity Assessment*: sheds light on the structural drivers impacting health equity in Davis County. The report contains community voice; identifies community strengths and opportunities for improvement; explores root causes of inequities; and makes system-wide recommendations for positive impacts.
- *2023 Davis4Health Community Resilience Assessment*: measures the characteristics, relationships, and connections to the community that make up the personal resilience of Davis County adults.

Priorities

In May 2023, the Davis4Health Steering Committee convened for a critical meeting to review community health assessment findings. With current data and assessment results in mind, partners participated in a structured discussion and voting process. The input was synthesized, leading to the selection of two priorities. Davis4Health will strengthen protective factors by:

- Priority 1: Improving mental, emotional, and social well-being
- Priority 2: Improving access to resources and services

The Davis County Human Services Cabinet, an oversight committee for county human services collaborations, also agreed to align their efforts around these priorities.

Action Plans

For Priority 1, there are two plans. The two plans in Priority 1 are complementary, yet distinct. Both plans are recognized as being essential for addressing root causes of poor mental, emotional, and social health and impacting social norms to improve well-being.

For Priority 2, there is one plan, known as Plan 3, which addresses access to resources and services.

To have greater impact, the action plans to address these priorities focus on systems-level strategies to affect societal change.

Priority 1: Improving mental, emotional & social well-being		**Priority 2: Improving access to resources & services**
Plan 1: Strengthening supports for mental, emotional & social well-being	**Plan 2**: Preventing abuse	**Plan 3**: Improving access to resources & services
• Social connection among community members and partners is improved. • Community members have increased skills to navigate life's challenges. • Stigma associated with mental, emotional, and social well-being is reduced by normalizing help-seeking and promoting hope in the community. • Community collaboration will continue efforts to improve access to mental health programs and services.	• Healthy relationships are strengthened across the lifespan. • The community understands that abuse happens and how to appropriately respond. • Abuse and violence data are identified to better understand the impact in the community.	• Connect the Davis resource network, a broad system encompassing the agencies, staff, services, and centers, so that both service providers and community members can access resources through a well-functioning system. • Technology will be used to develop accessible connection tools, such as an online resource directory. • Branded marketing materials will be developed using plain language to increase widespread community awareness about resources and services.

The action plans contain the following elements:

- **Vision** - an aspirational picture of future success
- **Situation** - the current data and existing resources
- **Strategies** - plans of action or policies designed to achieve a major or overall aim
- **Goals** - the key results desired
- **Objectives** - measurable outcomes that directly contribute to the achievement of the plan's goals
- **Outcomes** - measures used to monitor the big picture; specifically, whether collaborative improvement efforts are impacting health trends for the whole county and making a difference

Two time targets are being used for objectives in the plan, 2026 and 2030. Partners will have a three-year check-in point and a seven-year time frame for bigger changes.

For quick reference summaries of the action plans, refer to the Action Plan Summary Tables that follow this Executive Summary, and the Logic Models included in Appendix 1.

Act & Evaluate

Partners work together to implement the *CHIP*. Each year, objectives and outcomes will be reviewed to determine if any revisions or updates are needed. Performance measures will be selected and monitored throughout implementation, and an annual report will be prepared to document partners' cumulative effort.

Evaluation activities will occur throughout the cycle to measure effectiveness, outcomes, and population changes.

The shared protective factor emphasis for priorities and activities in the plan means it is addressing root causes that impact multiple health outcomes. The shared outcomes identified for improvement are:

- Commitment to school
- Economic stability
- Isolation
- Mental health conditions
- Substance misuse
- Suicide
- Violence and abuse
- Access to healthcare and resources
- Connection
- General well-being
- Good mental health
- Youth protective factors

All population outcome targets are set to be achieved by the year 2030.

Plans also include monitoring community conditions in the Utah Healthy Places Index (HPI), as well as adult abuse cases. Additionally, Davis4Health partners are interested in establishing ways to measure stigma, social norms, and resource centers.

When possible, efforts were made to identify health disparities between demographic and geographic groups for each shared outcome measure.

An annual health improvement celebration is held to acknowledge partners for their contributions and recognize community health improvement successes.

Plan 1: Strengthening supports for mental, emotional & social well-being		
Strategies	**Goals**	**Objectives**
1. Increase social connection in communities where we live, learn, work, play, worship & rest	**1A**. Identify emerging evidence-based strategies to improve social connection	Review & document evidence-based programs, policies & strategies to address social connection
	1B. Implement programs & strategies to increase social connection among community members & partners	Encourage community members to engage in programs, policies & activities
		Encourage agencies to involve community members in decision-making
		Develop youth leaders as prevention advocates
		Coordinate with Community Schools to strengthen community connections & partnerships
2. Increase skills to navigate life's challenges	**2A**. Expand evidence-based approaches that promote healthy development, self-care & coping skills	Explore mental, emotional & social self-care preparedness plans
		Promote mental, emotional & social self-care preparedness plans
		Encourage employers to provide tools or programs and to adopt policies supporting individualized rest, renewal & self-care
	2B. Continue to promote & support mindfulness education & practices	Expand Learning to BREATHE in Davis County
		Offer Learning to BREATHE & other mindfulness courses in community settings for adults
	2C. Advocate for safe technology initiatives including state campaigns	Receive training on & promote appropriate tools from Utah's Harms of Social Media campaign
3. Reduce stigma by normalizing & promoting help-seeking, hope & recovery in the community	**3A**. Develop plain language to promote mental, emotional & social well-being	Prevention partners work together to identify shared terms & the benefits of mental, emotional & social well-being that resonate in the community
		Provide safe messaging training throughout Davis County
	3B. Expand mental, emotional & social well-being initiatives to a broader audience	Continue to implement mental health and suicide prevention training in school & community settings
		Implement a positive mental health community campaign including tips to talk about mental health & success stories
	3C. Promote hope & healing through community suicide postvention efforts	Develop & utilize a coordinated community suicide postvention plan
		Increase the number of Davis County organizations with postvention plans

Plan 1: Strengthening supports for mental, emotional & social well-being (continued)		
Strategies	**Goals**	**Objectives**
4. Improve access to relevant services, programs & care for mental, emotional, & social well-being	**4A**. Increase public awareness of new & existing resources for mental, emotional & social well-being	Conduct focused outreach to promote mental health resources & programs to diverse groups
		Explore local resources & initiatives for maternal mental health
		Promote local resources & initiatives for maternal mental health
		Provide primary care providers in Davis County with information about behavioral health resources
	4B. Organize behavioral health information & referral resources	Ensure behavioral health resources are comprehensive & represented in the Davis resource network directory
		Identify local resources to add to each category of The Church of Jesus Christ of Latter-day Saints' Life Help webpage
		Identify resources that align with agencies' common concerns & top referrals
		Identify resources & service providers that have cultural & professional expertise to serve populations that have been historically underserved
	4C. Improve access to behavioral health providers by connecting individuals to care & removing barriers to services	Encourage referrals to the Behavioral Health Network funding program
		Coordinate with staff serving as community connectors to improve engagement in mental health services for underserved or underrepresented groups
		Ensure availability of mental health materials in languages other than English
		Conduct annual mental health screenings for youth
5. Advocate for the collection of Davis County mental, emotional & social well-being data	**5A**. Support efforts to increase participation in data collection	Increase Davis County cities participating in the Utah Wellbeing Project
		Increase Student Health & Risk Prevention (SHARP) survey participation by educating partners & parents on the collection, benefits & uses of the data

Plan 2: Preventing abuse		
Strategies	**Goals**	**Objectives**
1. Advance healthy relationship initiatives	**1A**. Assess current & evidence-based healthy relationship curriculums	Assess healthy relationship curriculums being offered in Davis County
		Increase collaboration between healthy relationship course providers to extend the reach of curriculums across populations & settings
		Expand reach of healthy relationship curriculum
	1B. Promote healthy relationship principles across the lifespan	Promote evidence-based healthy relationship curriculums in a variety of community settings
		Provide healthy relationship classes in languages other than English
	1C. Strengthen families & caregivers throughout the lifespan	Promote resources that strengthen families & caregivers throughout the lifespan
2. Promote social norms that protect against violence, abuse & adversity	**2A**. Increase community awareness that abuse happens & that it is preventable	Train community members to teach abuse prevention in Davis County
		Two abuse prevention classes will be taught every year in Davis County by trained community educators
		Advocate for child sexual abuse & human trafficking prevention & awareness curriculum in elementary schools
		Increase number of Davis School District elementary students receiving child sexual abuse & human trafficking prevention & awareness curriculum in elementary schools
	2B. Promote evidence-based healthy sexual development materials to parents & the community	Provide parents & community healthy sexual development materials & curriculum through social media, resource directory, community presentations, etc.
3. Support the community to recognize, intervene & respond to abuse	**3A**. Educate the community on how to recognize & respond to abuse	Provide community leaders (e.g., faith leaders, law enforcement, parents, caregivers, justice system & general public) with information & resources on how to identify abuse, respond in appropriate ways, lessen harms of those impacted & refer to resources
		Update violence, abuse & trauma resources & services across the lifespan
		Promote financial exploitation trainings for older adults
	3B. Abuse is reported to appropriate authorities	Educate community on Utah's mandatory reporting law & where to report abuse
4. Identify & collect Davis County abuse & violence data	**4A**. Gather & establish county baseline data on abuse & violence	Identify Davis County data for abuse & violence
	4B. Explore opportunities to measure social norms that protect against abuse & public perceptions related to abuse	Establish social norms data related to abuse for Davis County

Plan 3: Improving access to resources & services		
Strategies	**Goals**	**Objectives**
1. Connect the system (resources, staff & the public)	**1A**. Use a systems mapping process to understand 1) how the Davis resource network is functioning & 2) how to enhance connections across systems & agencies	Identify a systems mapping tool/provider & conduct a systems mapping process
		Identify system improvement measures
	1B. Adopt evidence-based practices to successfully connect the public to resources & services	Document best practices for designing an ideal Davis resource network
	1C. Assess & organize Davis County resources & services	Compile community resource lists
		Identify existing resource categories used by partners
		Connect to resources in neighboring communities if not available in Davis County
	1D. Provide training & support for organizations that are part of the Davis resource network	Develop training content on how the Davis resource network functions & how to make needed connections
		Provide trainings to human services providers
	1E. Identify, strengthen & connect neighborhood resource hubs	Expand Community Schools in Davis County
		Connect & convene existing neighborhood resource hubs & community centers
2. Utilize technology to develop accessible connection tools	**2A**. Evaluate existing online resource connection platforms	Explore resource directory search functions that meet the needs of partners & the public based on how they typically search for resources & services (simplify, reduce barriers)
		Arrange opportunities to learn from administrators & staff of existing online resource directories (211, findhelp.org, etc.)
	2B. Produce & maintain an intuitive resource connection tool that incorporates modern technology	Work with Davis County Information Systems to develop an online resource directory
		Engage community partners to pilot the tool to prepare for public launch
		Ensure online resource directory is available in Spanish
		Expand language options available when accessing the online resource directory
		Develop formalized processes for adding & updating resources & making referrals across agencies
		Identify & explore additional &/or advanced functions desired by partners & users of the online directory

Plan 3: Improving access to resources & services (continued)		
Strategies	**Goals**	**Objectives**
2. Utilize technology to develop accessible connection tools (continued)	**2C**. Monitor user experience of the resource connection tool	Conduct product testing market research with the public to assess accessibility, ease of use & value of the tool
		Gather service provider feedback to assess whether the tool is meeting their needs
		Collect ongoing user experience data from those accessing the tool
		Make directory analytics available to partners
3. Promote resources & services using plain language	**3A**. Develop branding for the Davis resource network	Choose a name, logo & website for the Davis resource network that conveys the purpose of the directory & that it is a local product
		Create a brand style guide & brand strategy guide, including approved marketing materials for promotion of the resource directory website
	3B. Produce public education materials & messages to promote the Davis resource network	Develop a marketing plan to maximize community awareness & use of the online resource directory
		Assess how historically underserved groups can best be reached & informed about the resource directory
		Develop a language & communication access plan for the Davis resource network
		Explore baseline measure & target for widespread public awareness about the Davis resource network

Davis4Health

Davis4Health is the Davis County community health improvement collaborative that began in 2012. Learn more at: about.davis4health.org.

Mission

Improve community health through the power of partnerships, collaboration, and strategic alignment around Davis County's top health priorities (refer to Figure 1).

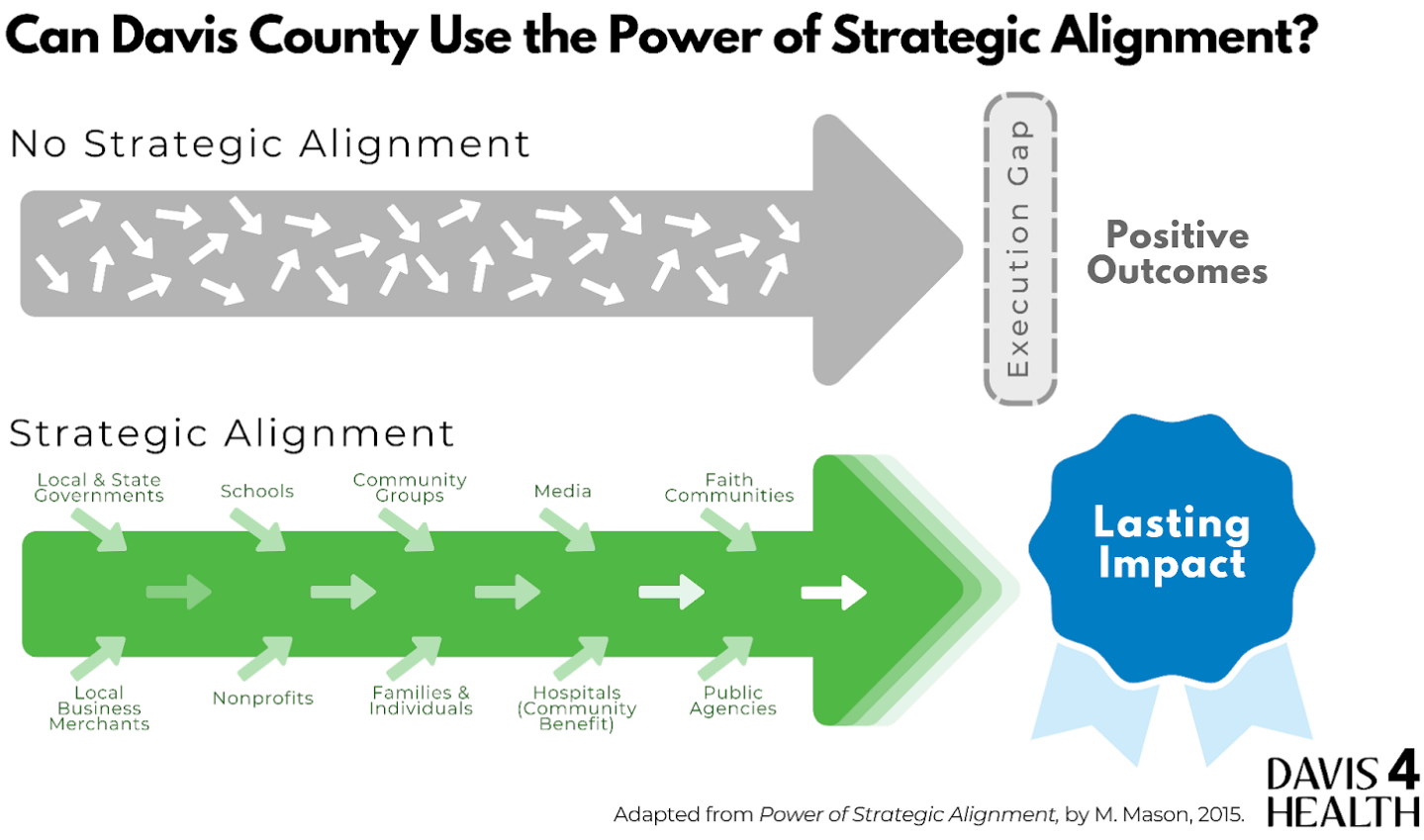
Vision

Shared commitment toward a culture of health.

Guiding Principles

1. Priorities and strategies are determined based on the findings of the Davis4Health Community Health Assessment (CHA).
2. The process is community-driven with significant involvement from a broad set of stakeholders and partners from a variety of agencies.

Figure 1: Strategic Alignment in Davis County



Adapted from *Power of Strategic Alignment*, by M. Mason, 2015.

Organizational Structure

Davis County Health Department (DCHD) currently serves as the backbone organization of Davis4Health and provides ongoing support to maintain organizational infrastructure and sustain momentum for moving Davis4Health forward. Davis4Health partners support the collaborative in a variety of ways, including:

- Advocacy
- Community connections
- Data
- Expertise
- Facilitation and leadership
- Guidance and decision-making
- Staff and volunteer time
- Use of facilities

Steering Committee Meetings

Davis4Health Steering Committee meetings began in 2016 and are held two times per year (refer to the image below). Partners representing more than 50 agencies and community groups are invited. During the meetings, partners guide collaborative health improvement processes that include directing the development and content of the Community Health Assessment (CHA), selecting community priorities, and developing the Community Health Improvement Plan (CHIP). Community partners are invited to participate because of their involvement in community needs and resource assessments; access to data; work to address **disparities** and **inequities**; and ability to represent **underserved** and **underrepresented** community members. Agencies currently represented on the Davis4Health Steering Committee can be found at: about.davis4health.org. Additional agencies participate based on interest, capacity, selected priorities, and emerging issues.

Those who participate in Steering Committee meetings are prevention and **equity** champions. They apply prevention science and evidence-based practices; are data-driven; embody a culture of collaboration; recognize shared responsibility (It's what we do together!); are familiar with community strengths, potential, and needs; and believe that the work can be done in a way that benefits all people.

Health Disparities are the avoidable, unfair, and unjust differences in health outcomes.

Health Inequities are an uneven distribution of resources. They include barriers that limit people's access to services and opportunities. Health inequities in society lead to disparities in health outcomes.

Underserved Groups include people who face economic, cultural, or language barriers and limited access to services and resources because of existing systems and/or lack of infrastructure.

Underrepresented Groups refer to communities in a population whose representation is disproportionately low relative to their numbers in the general population. These groups have historically been marginalized, left behind by public systems, and are not usually reflected in positions of power.

Equity is when every individual has a fair and just opportunity to live their healthiest life.

Accomplishments

Davis4Health accomplishments include:

- 3 Community Health Assessments (released in 2013, 2018, and 2023)
- 3 Community Health Improvement Plans (released in 2014, 2019, and 2024)
- 10 annual progress reports
- 12 focus groups (held in 2012 and 2022)
- 4 community surveys
- Many workshops, community trainings, events, etc.

Equity Improvement

In 2021, Davis4Health partners participated in structured conversations to gain an understanding of equity efforts taking place in Davis County. These discussions included assessing the systems, processes, and partnerships in place, along with identifying existing frameworks, documents, and performance measures guiding the work. Partners shared awareness of equity components in the CHA and CHIP and suggested working toward a more formalized equity framework/lens. In April 2022, Davis4Health partners responded to a survey where over 90% agreed they were comfortable with Davis4Health serving as the future equity collaborative for Davis County, with the *2024-2028 CHIP* serving as the county's equity improvement plan.

Annual Celebration

Davis4Health has hosted annual health improvement celebrations since 2015 (refer to images below). These events provide an opportunity to celebrate partner progress, accomplishments, and successes. Big and small wins, contributions, and milestones are acknowledged. It is valuable time together that strengthens motivation, continuous improvement, trust, and relationships. The event is a favorite gathering for partners.

Three Essential Approaches

It is important to consider three overlapping approaches as they relate to health improvement processes. These approaches are relevant for organizations and individuals participating in community health improvement efforts.

- **Health Equity Approach:** This involves ongoing efforts and actions aimed at reducing health disparities and inequities. It requires continuous work to address the **social** and **structural** factors that influence health.
- **Protective Factors Approach**: This involves considering the conditions or attributes of an individual, family, or community that increase health and **well-being** and help people deal more effectively with stress.
- **Trauma-Informed Approach**: This involves assuming that people are more likely to have experienced trauma than not, and providing support that strengthens both individuals and communities who have been traumatized or distressed.

These approaches consider the specific circumstances of groups and individuals when deciding how to decrease health disparities and strive for the highest possible standard of health for all people.

Health Equity Approach

Health equity is about everyone. It occurs when every individual has a fair and just opportunity to live their healthiest life.

- Health equity is the *principle* of striving for the highest possible standard of health for all people. It gives special attention to the needs of those communities at greatest risk for health disparities.
- Health equity is a *process* that involves ongoing efforts and actions aimed at reducing health disparities and inequities which requires continuous work to address social and structural factors that influence health.
- Health equity is a *pathway* to a better quality of life and for the advancement of all people across all systems.
- Health equity is the *outcome* underlying the commitment to reduce and, ultimately, eliminate health disparities (UDHHS, 2022).

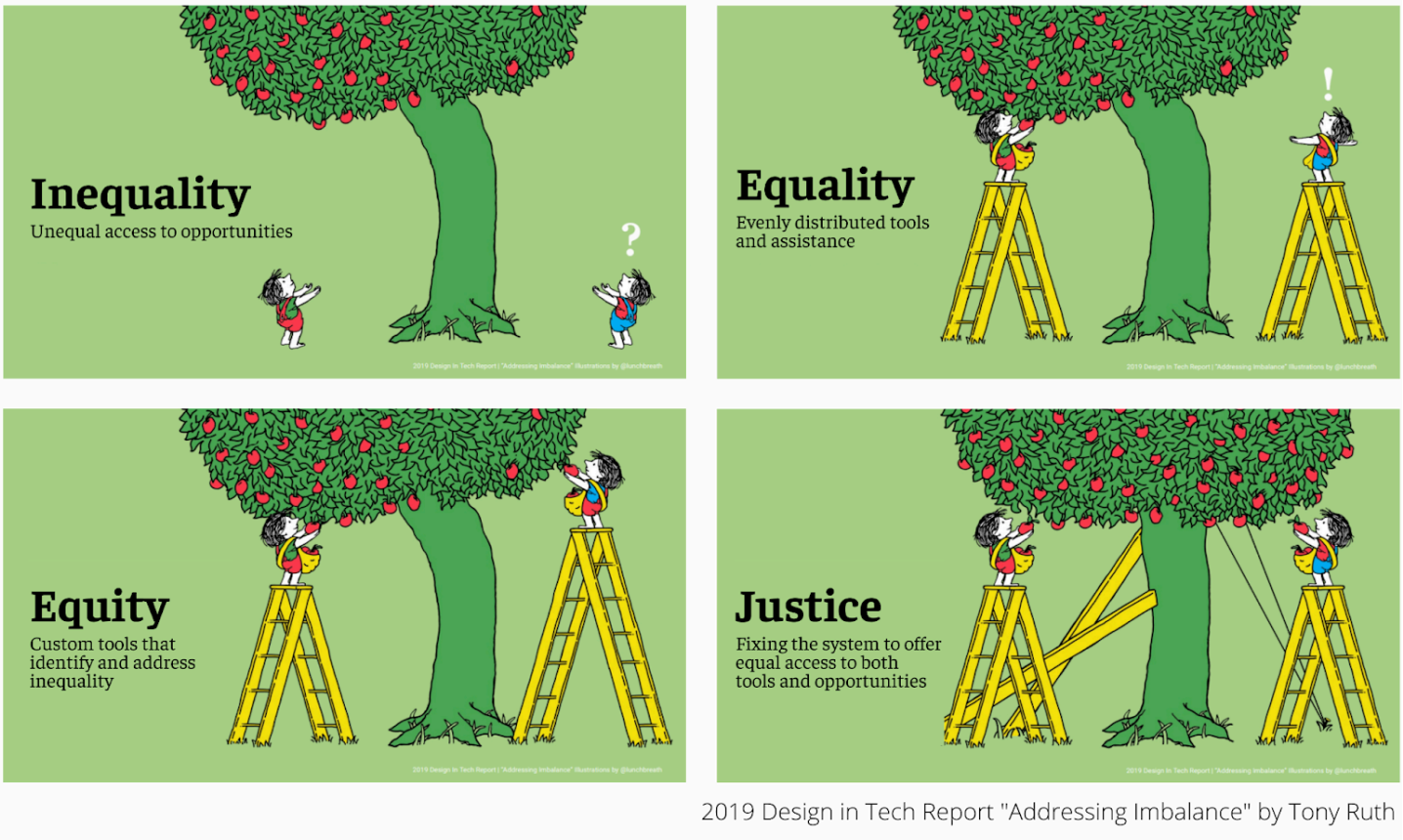
Social Determinants of Health are the conditions in the environments where people live, learn, work, play, worship, and rest that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Structural Determinants of Health, or systems-based determinants, are governing processes and social, economic, and institutional policies and practices. They affect power, privilege, and social hierarchies. These are high-level factors that impact the social determinants of health.

Well-being is a broader and more complete term that contains many interconnected dimensions of health. Well-being goes beyond morbidity (health conditions and disease), mortality (death), and economic status. It shows how people view the way their life is going from their own perspective. Aspects of well-being include: physical, mental, emotional, social, spiritual, occupational, intellectual, financial, and environmental.

Figure 2 is an image chosen by Davis4Health partners to convey what equity means and how it compares to other terms, such as equality and justice.

Figure 2: Comparing Terms Related to Equity



2019 Design in Tech Report "Addressing Imbalance" by Tony Ruth

The core values of a health equity approach that resonate with Davis4Health partners are:

- **Compassion**: we believe in our shared humanity and treat ourselves and others with kindness
- **Hope**: we approach our work with patience, perseverance, and optimism
- **Humility**: we commit to continuous learning with and from each other
- **Integrity**: we hold ourselves accountable to the community we serve and represent
- **Respect**: we recognize the human rights, perspectives, and experiences of others

Health and well-being are significantly influenced by a variety of factors outside an individual's control. Partners working on this plan have the ability to impact these factors. By using a health equity approach in prevention efforts, health inequities and disparities can be decreased and the health of all populations can increase.

By applying a health equity approach, we can:

- Choose language that reduces **stigma**, avoids placing blame, and reduces harm
- Identify health inequities and disparities
- Be informed about environmental and societal factors that affect people's opportunities, behaviors, and health outcomes
- Plan and implement programs and activities that take these factors into account

As a first step in applying a health equity approach, a thorough review of available data related to priorities in this plan was conducted to identify existing health disparities.

Protective Factors Approach

As people grow and develop, community conditions can promote or hinder the process. These conditions are frequently referred to as risk and protective factors. The presence or absence, and various combinations of risk and protective factors, contribute to a person's health and well-being. An essential principle of prevention includes efforts to identify and reduce risk factors while enhancing protective factors.

Risk Factors are characteristics at the biological, psychological, family, community, or cultural level that are associated with a higher likelihood of problems, including negative health and social outcomes.

Protective factors are conditions or attributes in an individual, family, or community that increase health and well-being and strengthens resilience. They decrease the likelihood of developing negative health or social outcomes. Protective factors buffer people's exposure to risk. The more protective factors someone has in their life, the more likely they are to cope in a healthy way with lifes challenges (SAMSHA, n.d.).

Much research has been done to identify and measure protective factors. Davis4Health partners use various risk and protective factor frameworks to guide their work. Some are specific to a topic, and others are specific to certain populations or audiences. All are useful and effective, making it impossible to pick one framework for all.

Historically, federal funds have been siloed to address specific health problems or outcomes, even though those outcomes are predicted by shared risk and protective factors across systems. Using a protective factor approach to address **root causes** moves efforts from treatment and reaction to prevention and promotion. This saves the community time, money, and stress in the long run.

Root Causes are the underlying reasons for health inequities and disparities. They are the conditions in a community that determine whether people have access to opportunities and resources to meet their basic needs.

Some existing risk and protective factor data and frameworks are based on adolescent research. Tables in Appendices 2 and 3 illustrate how risk and protective factors are shared across various youth outcomes. Other frameworks show how risk and protective factors are important across the lifespan (refer to Appendix 4).

Protective factor frameworks and initiatives that are familiar to Davis4Health partners include:

- Communities that Care (University of Washington)
- Social and Emotional Learning (Davis School District)
- Everyday Strong (United Way of Utah County)
- Five Protective Factors for Strengthening Families (Center for the Study of Social Policy)
- Healthy Outcomes from Positive Experiences (HOPE) Framework (Tufts Medical Center)
- Social Determinants of Health (Healthy People 2030)
- *Strategic Framework 2021-2026: Utah's strategic framework for the prevention of violence and injuries through a shared risk and protective factor approach* (Utah Violence and Injury Prevention Program)
- Student Health and Risk Prevention (SHARP) Survey (Utah Department of Health & Human Services)

From a Davis County population health perspective, five core protective factors have been identified:

1. **Access to Care**: connection to needed resources and services that promote health and well-being in a timely manner
2. **Built Environment**: the physical presence of opportunities that positively impact the public's health
3. **Economic Stability**: opportunities for steady employment at a living wage; affordability of food, housing, healthcare, and education
4. **Social Norms**: perceived informal, mostly unwritten, rules that define acceptable and appropriate actions within a given group or community that guide human behavior
5. **Connection**: relationships and interactions with family, friends, co-workers, and community members; feelings of belonging within one's community; this happens when people are seen, heard, and understood for exactly who they are (and for who they are not)

Figure 3: Protective Factors for Resilience

Figure 3 shows equity at the center of the protective factors as a principle of striving for the highest possible standard of health for all people, giving special attention to the needs of communities with the least opportunities for good health (DCHD, 2023).

When each of these core protective factors is improved and supported *with* equity, the result is more resilient people and communities.

Davis4Health partners understand the importance of addressing shared risk and protective factors together. Strategies in the *2024-2028 CHIP* will focus on strengthening protective factors.

Trauma-Informed Approach

Trauma is a widespread community concern. It occurs from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Experiences that may be traumatic include, but are not limited to:

- Physical, sexual, and emotional abuse
- Childhood neglect
- Living with a family member with mental health or substance use disorders
- Sudden, unexplained separation from a loved one
- Poverty
- Racism, discrimination, and oppression
- Violence in the community, war, or terrorism (CHCS, 2021)

Although trauma can occur at any age, it has particularly negative long-term effects on children's developing brains. Often referred to as Adverse Childhood Experiences (ACEs), exposure to these experiences is common across all sectors of society.

Being **trauma-informed** means providing support and strengthening individuals and communities that have experienced trauma. It involves addressing the effects of unresolved community trauma, such as historical community disinvestment, poverty, inadequate and insufficient housing, violence, social isolation, and discrimination (CHR&R, 2020). Trauma-informed approaches to care, including healing through positive relationships and trauma-specific treatments, can help patients begin processing their experiences in a healthy way. Connection and community support are important to prevent harm and increase community safety (CHCS, 2024).

Effects of Trauma on Health

Both the landmark CDC-Kaiser ACE Study and the Philadelphia Urban ACEs Study revealed that the more a child is exposed to stressful and potentially traumatic experiences, the greater their risk is for engaging in unhealthy behaviors and developing chronic health conditions (Felitti et al., 1998; Cronholm et al., 2015). This is due in part to the fact that the body regulates stress through the release of two critical hormones: cortisol and adrenaline. Exposure to these stress hormones plays an important role in keeping people safe during times of danger; however, repeated or prolonged exposure is associated with poor brain development in early childhood.

Traumatic events can have harmful effects on health at any age. Adults who experienced trauma in childhood are often "wired" differently than those who did not. Their brains, primed to deal with nearly constant stress, can struggle to respond appropriately to situations that would otherwise appear normal and non-threatening. This partly explains why many adult trauma survivors struggle with depression, anxiety, and other issues related to emotion regulation. These resulting mental health issues can contribute to long-term difficulties maintaining healthy relationships, and lead to problems at school and/or work.

Protective factors, such as supportive relationships with family members, teachers, mentors, or other community members, can help shield individuals from the effects of trauma and build resilience.

Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures (SAMHSA, 2014). These principles may be generalizable across multiple settings, although terminology and application may be setting- or sector-specific.

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization. The six key principles fundamental to a trauma-informed approach include (refer to Figure 4 on page 17):

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues

Some ideas are provided below for organizations and individuals to put each trauma-informed principle into action. Refer to Appendix 5 for a full description of each key principle (SAMHSA, 2014).

1. Safety
   - Communication between service providers and community members promotes a safe and respectful environment.
   - Service providers and community members feel physically, mentally, and emotionally safe.

2. Trustworthiness and transparency
   - Service providers are accountable to the community about decisions and operations.
   - Communication is utilized to build and maintain trust between service providers, partners, and community members.

3. Peer support
   - Community members are able to connect with others who have similar lived experiences.
   - Community voice (the desires, opinions, feedback, input, and stories of the community) is utilized to build trust, inform decisions, and improve outcomes.
   - Community members provide safety and support for each other.

Figure 4: Six Key Principles of a Trauma-Informed Approach

4. Collaboration and mutuality
   - Shared decision-making occurs between service providers, partners, and community members.
   - All service providers, regardless of position, implement a trauma-informed approach in their work.

5. Empowerment, voice and choice
   - A strengths-based approach is used when engaging with others.
   - Healing, recovery, and resilience are promoted.
   - Community members develop advocacy skills and participate in shared decision-making and goal-setting.

6. Cultural, historical, and gender issues
   - Service providers approach their work with cultural humility.
   - Practices are implemented to avoid stereotyping and identify bias.
   - Policies, protocols, and processes meet the needs of diverse groups.
   - Historical trauma is addressed.

Adopting a trauma-informed approach is not accomplished through any single technique or checklist. Utilizing a trauma-informed approach requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. Ongoing, internal organizational assessment and quality improvement, as well as engagement with community members and partners, will help to embed this approach. This can be paired with organizational development and practice improvement (CDC, 2020).

Take Action Cycle

Davis4Health uses the County Health Rankings & Roadmaps (CHR&R) Take Action Cycle as a model to guide community health improvement efforts (refer to Figure 5). It provides a path with steps to keep partners moving from data to action (CHR&R, 2013).

Figure 5: County Health Rankings & Roadmaps Take Action Cycle

Throughout the steps of the Take Action Cycle, partners need to:

Work Together

Working together is at the heart of making meaningful change. Every community is different, and as a result, efforts to improve health will vary. However, there is one constant: people working together with a shared vision and commitment to improve health can yield better results than working alone.

Communicate

Effective communication throughout each step is essential for health improvement efforts to be successful. What is said and how it is said can motivate the right people to take the right action at the right time. Partners determine how to get the most important messages to the people who influence the work.

The five steps of the Take Action Cycle mirror other strategic prevention frameworks and models.

1. Assess Needs & Resources

Partners work together to gather data to describe the population's health status. They identify strengths, assets, resources, challenges, and health disparities. In addition to a comprehensive CHA every five years, partners work together to identify future assessment needs and data gaps. Reports include new data, identified disparities, and resources, which are shared with the community to inform decision-making. Assessment work is continuous. For recent reports, visit: DCHD Reports and Assessments webpage.

2. Focus on What's Important

Together, partners decide which problem(s) to tackle. Setting priorities helps direct community resources to the most important issues. Partners re-evaluate chosen health improvement priorities at least every five years.

3. Choose Effective Policies & Programs

A CHIP is developed every five years to address the community's top health priorities. Partners select policies and programs that have been shown to work in real life and are a good fit for the community. The resulting plan is a strategic plan for the whole community. Partners consider if any revisions or updates are needed to the plan each year.

4. Act on What's Important

Partners work together to implement the CHIP. Since there are no "one size fits all" blueprints for success, partners build on strengths, leverage available resources, and respond to unique needs as they coordinate actions to improve health. Progress is monitored, and an annual report is prepared to document the cumulative efforts of partners. Each year, an annual health improvement celebration is held to acknowledge partners for their contributions and recognize community health improvement successes.

5. Evaluate Actions

Evaluating ongoing efforts helps health improvement partners know if what they are doing is working the way it is intended and achieving desired results. Partners use a variety of tools to monitor and measure processes and progress. Evaluation activities occur throughout the cycle to measure effectiveness, outcomes, and population changes.

Assess Needs & Resources

Assessing needs and resources provides data and information to describe the population's health status and understand the community's health culture. Having this foundation is essential for establishing accountability for measurable health improvement. Partners participate in ongoing assessment efforts including reviewing data, collecting data, and reporting results.

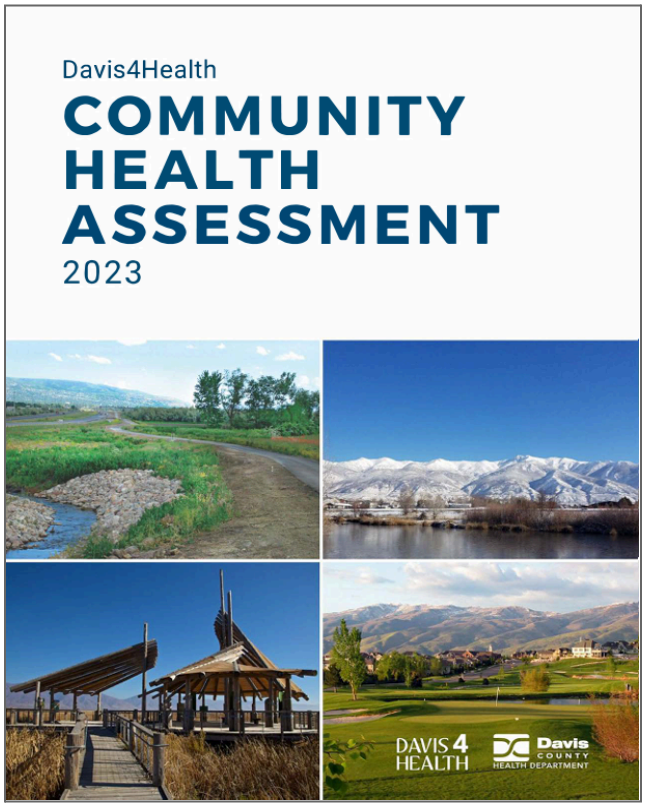
The *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)* drew from the findings of multiple assessments and reports:

- *2023 Davis4Health Community Health Assessment*
- *2023 County Health Rankings & Roadmaps Annual Report*
- Utah Healthy Places Index
- *2023 Davis County Community Equity Assessment*
- *2023 Davis4Health Community Resilience Assessment*

To view additional reports and assessments by topic or population, please visit: DCHD Reports and Assessments webpage.

2023 Davis4Health Community Health Assessment

In 2023, Davis4Health completed a comprehensive *Community Health Assessment (CHA)* (refer to image right) that brought together data from a variety of sources to summarize community strengths, resources, and areas for improvement in Davis County. This third iteration of the *CHA* includes newly collected local data; explores priority health and human services issues; and applies an equity lens to the assessment of community needs and assets. The *CHA* provides a broader understanding of the factors influencing health and identifies over 300 resources available in the community. It also highlights issues that arose across multiple data sources, called “hot topics,” to assist Davis4Health partners in the prioritization process (refer to Appendix 6). Mental health and social and economic factors were among the most-mentioned hot topics.



County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps (CHR&R) model is used as a framework for assessing the health status of the population. The annual rankings provide a helpful snapshot of how health is influenced by where we live, learn, work, play, worship, and rest. Health report cards and assessments, like CHR&R, have guided Davis County's community health assessment and improvement efforts.

In 2023, CHR&R ranked Davis County as the 6th healthiest county in Utah and the 2nd healthiest along the Wasatch Front. Rankings are based on a combination of measures related to the health status of the population (health outcomes) and modifiable factors, which influence how well and how long we live (health factors). The snapshot also provides many additional measures that are not part of the CHR&R model in order to provide a broader picture of health. Both clinical care and social and economic factors are Davis County's areas of greatest strength while the physical environment continues to be the county's greatest challenge.

Davis County is doing better than the U.S. and Utah in 19 of the 35 measures included in the CHR&R model and in 27 of the 39 additional measures provided. The areas of strength identified by CHR&R for Davis County are low measures of:

- Binge drinking
- Children in poverty
- Injury deaths
- Preventable hospital stays
- Unemployment
- Teen births
- Uninsured

Meanwhile, Davis County measures worse than the U.S. and Utah for:

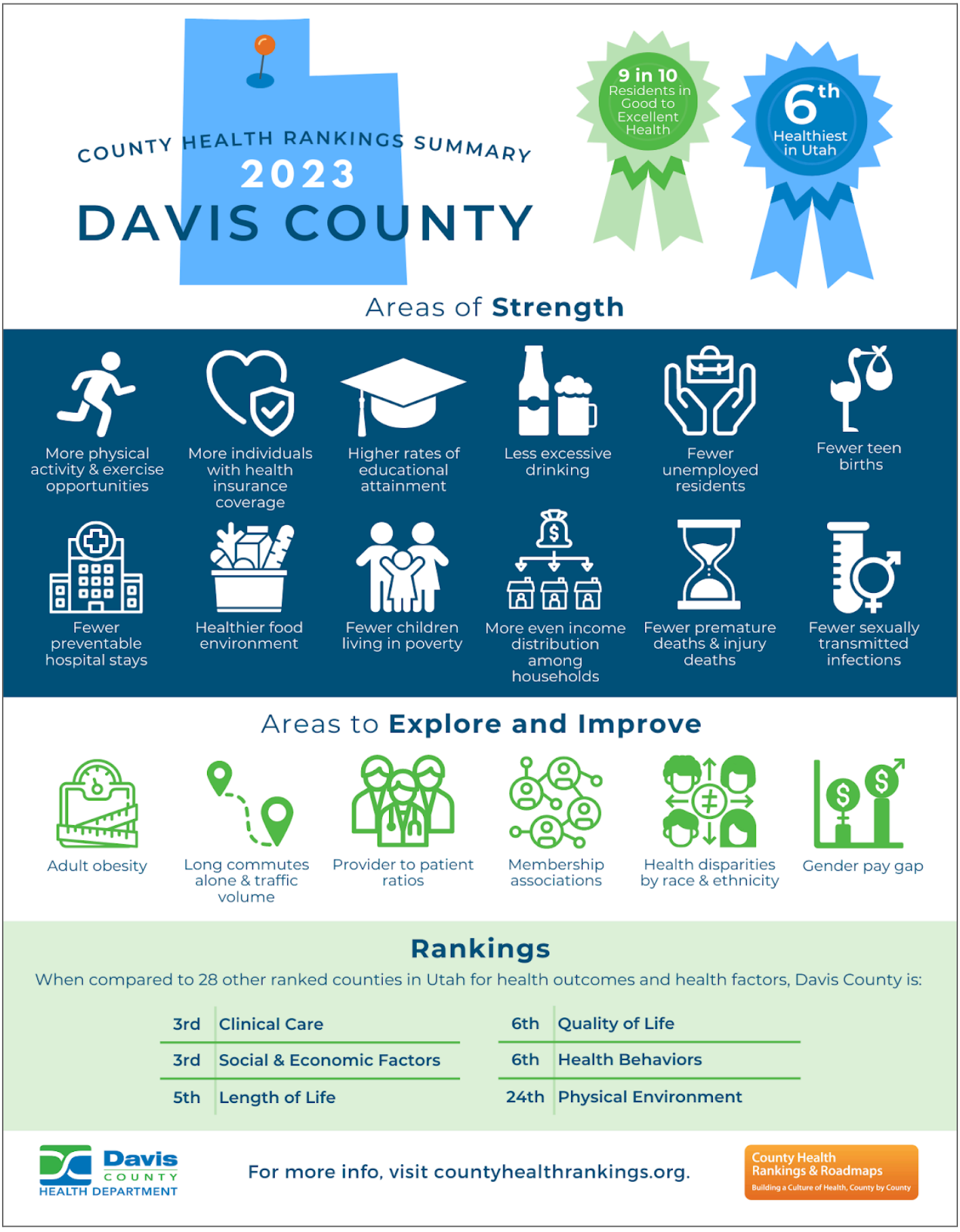
- Child care centers
- Driving alone to work
- Gender pay gap
- Patient-to-provider ratios (primary care, dentists, mental health, and other primary care)
- Poor physical health days
- Social associations
- Traffic volume

The report highlights obesity and social associations as areas to explore, meaning improvement in these measures would have the greatest impact on Davis County's future rankings. Additionally, significant health disparities exist for nine measures between race/ethnicity groups, even within the county's strongest areas:

- Child mortality
- Driving alone to work
- Injury deaths
- Premature death
- Life expectancy
- Low birthweight
- Median household income
- Premature death
- Suicides
- Teen births

CHR&R identifies many of the reasons why Davis County is a healthy place to live and shows that it has room for improvement in some areas. Each year, an annual infographic (for 2023 refer to Figure 6 on page 22) based on CHR&R findings is created and shared with partners.

Figure 6: 2023 County Rankings & Roadmaps Summary



Utah Healthy Places Index

Factors outside an individual's control can influence their health, including the conditions in which they live, learn, work, play, worship, and rest. The Utah Healthy Places Index (HPI) was created to show how community conditions with statistically proven connections to life expectancy differ across Utah. The HPI scores communities based on a set of 20 health indicators related to the areas of education, transportation, housing, social engagement, clean environment, neighborhood, healthcare access, and economics.

The HPI suggests that Davis County has healthier community conditions than 92.6% of other counties in Utah. Compared to other counties, Davis County's strengths include: census response rate, adults above the poverty level, and adults with health insurance. Policies linked to air quality, park access, and housing provide the best opportunities for improving community conditions in Davis County. The map of the county's HPI scores (refer to Figure 7 on page 24) shows neighborhoods with higher scores in green, indicating healthier conditions, and those with lower scores in blue, indicating conditions needing improvement. These visually depict that the opportunity to be healthy varies by neighborhood across the county.

The HPI is a valuable tool for assessing health and identifying disparities and inequities within Davis County down to the neighborhood level. Through its data mapping features and policy guides, the HPI allows users to turn data into actionable solutions. It is highlighted in the county's health assessment and improvement work over other health indexes because it is customized to Utah, uses positive framing, and offers research-backed solutions along with data.

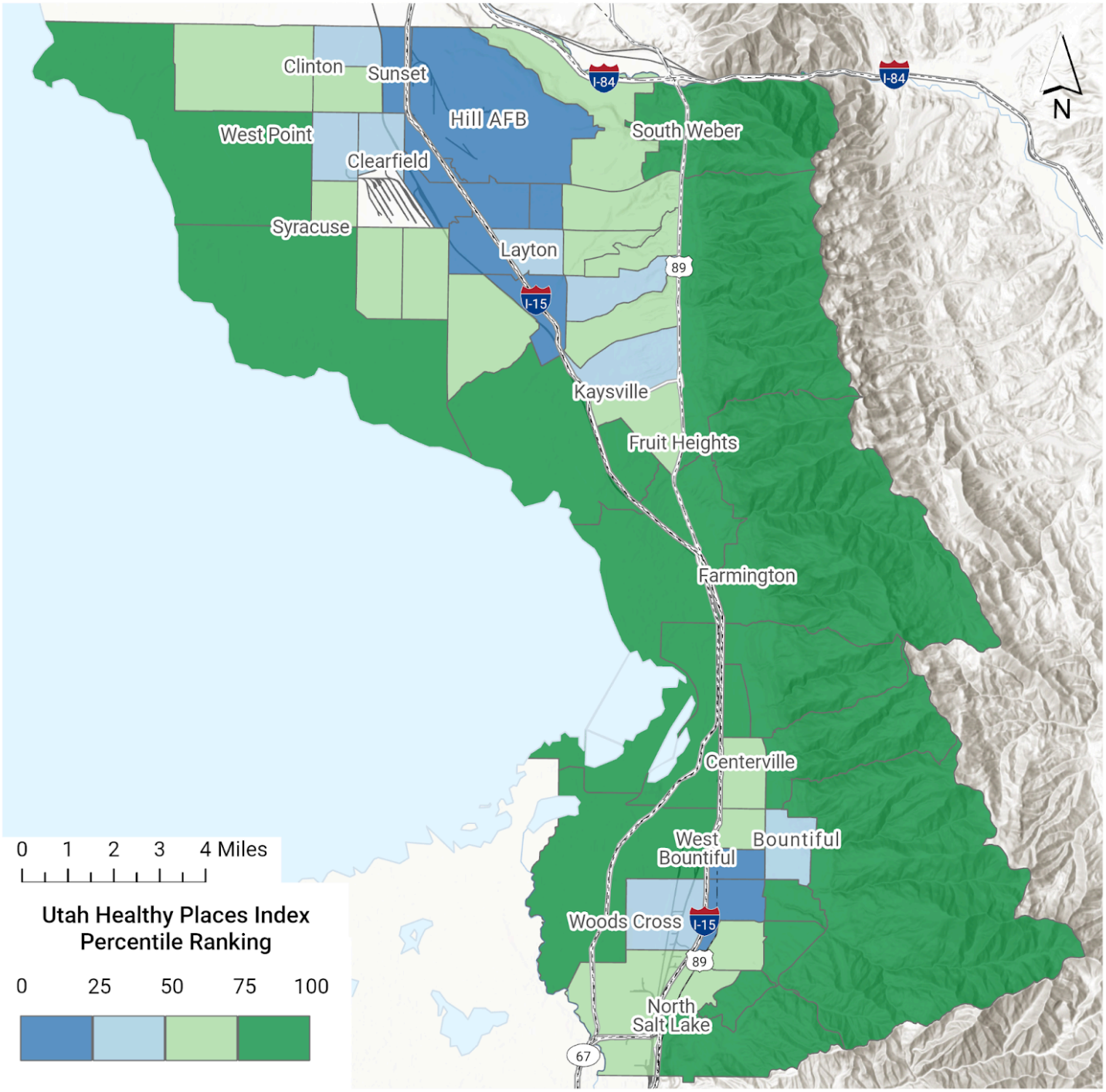
To learn more about community conditions in Davis County, visit dhhs.utah.gov/UtahHPI.

The Utah Healthy Places Index Policy Guides help local leaders identify leading-edge and evidence-based policy interventions to meet the needs of the community tied to indicators in the HPI. There are nine policy action areas:

- Clean Environment
- Education
- Economic
- Decision Support
- Housing
- Healthcare Access
- Neighborhood
- Social
- Transportation

Each policy action area contains detailed policies, resources, and steps to improve outcomes for multiple topics.

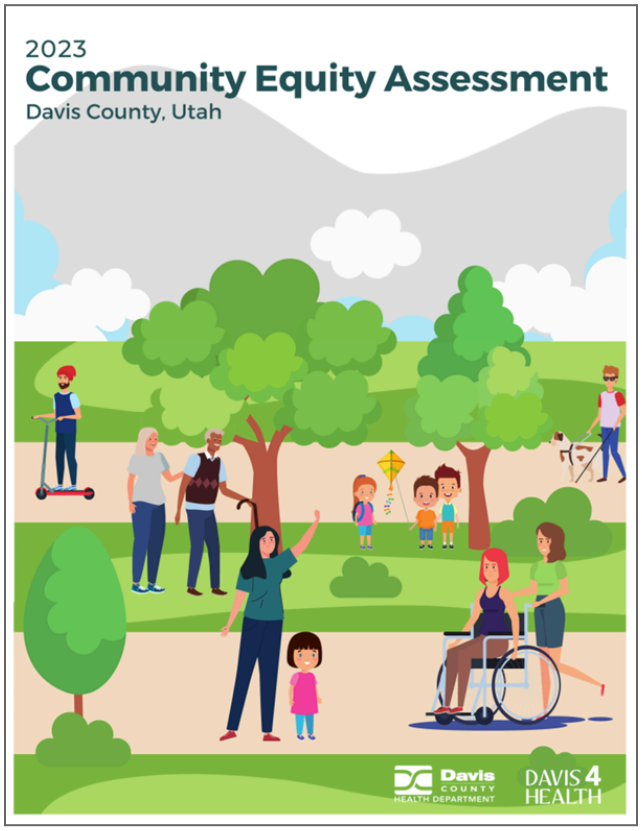
Figure 7: Map from the Utah Healthy Places Index Percentile Ranking by Census Tract in Davis County, 2022



Data: Bodenreider C, Damicis A, Delaney T, et al. Utah Healthy Places Index. Public Health Alliance of Southern California and Utah Department of Health & Human Services; 2022. Technical report. Accessed [December 9, 2022]. https://files.healthyplacesindex.org/Utah_HPI_Technical_Report_2022-10-20.pdf

2023 Davis County Equity Assessment

The *2023 Davis County Community Equity Assessment* (refer to image right) is a unique assessment that examines how structural drivers impact health equity in Davis County. Structural drivers include things such as social, economic, cultural, environmental, and political factors that influence health outcomes and health disparities. This assessment is the first of its kind in Davis County.



One of the main objectives of this assessment was to explore the root causes of inequities and adversities in members of the Davis County community by listening to the perceptions and lived experiences of community members who felt underserved or underrepresented where they live. This was done by listening to the stories of 76 community members across nine focus groups. Understanding and addressing root causes is crucial for creating lasting and impactful strategies.

Additionally, Davis4Health partners participated in a survey that aimed to assess perceptions of structural drivers in Davis County. Those results guided the facilitation questions used in the community focus groups.

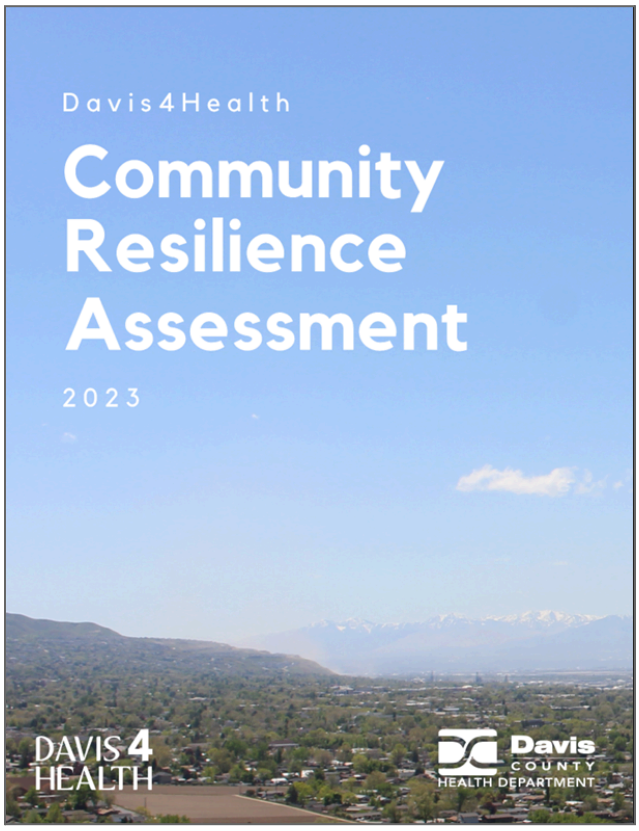
In the report, community strengths are highlighted such as neighborhood safety, opportunities to connect, shared values, and community support. Factors like high costs, limited awareness, transportation and accessibility challenges, stigma, and inefficient systems and policies were identified as barriers to essential services, resources, and community participation. The report provides a new understanding of how **stigma** impacts community members.

The community voice and lived experiences shared in the assessment contain valuable insights to guide health improvement work. Community improvement initiatives often do not address underlying issues, making it difficult to bring about sustained improvements in community health and well-being. However, the data and findings in this assessment are actionable. Specific recommendations are included which aim to address root causes by creating healthy and accessible environments; fostering a culture of connection and belonging; and providing equal opportunity for every person to engage with the community and live their healthiest life.

The collection of experiences and stories from underserved and underrepresented community members led to specific recommendations for improving policies, systems, structures, and plans. The findings helped guide the selection of community priorities. Data from the assessment is included in future chapters as it relates to action plans.

Stigma refers to a negative or unfavorable perception, belief, or attitude that is often associated with a particular characteristic, condition, or group of people. It can lead to discrimination, bias, and social isolation, causing individuals or groups to be unfairly judged, marginalized, or treated differently. Stigma can have harmful effects on mental and emotional wellbeing, and it often arises from societal norms, stereotypes, or misconceptions.

2023 Davis4Health Community Resilience Assessment



Resilience is the ability to bounce back from life's challenges. It helps avoid or reduce the effects of trauma and adverse experiences. The purpose of the *2023 Davis4Health Community Resilience Assessment* (refer to image right) was to measure the characteristics, relationships, and connections to the community that make up the personal resilience of Davis County adults. Several community health improvement projects, data sources, and current events justified the development of this assessment, including shared protective factors outlined in the *2019-2023 Davis4Health CHIP*, Davis School District's Social and Emotional Learning Initiative, CHR&R data on social associations, and the stressors of the COVID-19 pandemic. Additionally, in 2023, the U.S. Surgeon General released a report named *Our Epidemic of Loneliness and Isolation,* which outlines the negative effects of loneliness and the benefits of connection at individual and community levels. It also includes strategies for improvement (OSG, 2023).

Key findings from the assessment are summarized in the infographic in Appendix 6. The assessment found that strengths among Davis County adults were, "I can calm myself down", "I try to make it right when I have hurt someone", and "I feel safe where I live". Areas for improvement included asking for help when in need; feeling safe talking to others about feelings; and opportunities to be involved in community decisions. Data on basic needs, income meeting needs, unfair treatment, community involvement, sources of support, and self-care can also be found in the report. Additionally, the assessment includes recommended strategies for improving resilience on the individual, relationship, and community levels.

This assessment has been shared with those working in the county to improve social and emotional well-being and resilience. The data and supporting resources help community leaders and service providers explore the characteristics and conditions of a resilient Davis County.

Focus on What's Important

Together, community partners decide which problems to tackle. Setting shared priorities directs community resources to the most important issues and maximizes the results of efforts. Partners re-evaluate chosen improvement priorities at least every five years.

On May 17, 2023, Davis4Health convened for the spring Steering Committee meeting (refer to image right). There were 53 partners representing 21 agencies and organizations in attendance. They made recommendations for updated county health priorities in the *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)*.

Using Data to Inform Priorities

Since priorities are determined based on the findings of the *2023 Davis4Health Community Health Assessment (CHA)*, participants were provided with a link to the document in advance of the meeting. An overview of the *CHA* was also presented during lunch. The *CHA* "Hot Topics" table, which lists common concerns or areas for improvement that were identified across multiple data sources, was shared for an at-a-glance view of key issues (refer to Appendix 7). Areas included mental health, air quality, social and economic factors, obesity, heart disease, and substance use. This table was shared during the meeting to inform prioritization of health issues.

Priority Selection Process

Multiple methods were used to select community priorities, including a review of state and regional health improvement plans, various forms of partner input, and referring to evidence-based approaches.

Review of State & Regional Health Improvement Plans

In prior cycles of *CHIP* development, priorities and plans of the state, area healthcare systems, and neighboring jurisdictions were considered in priority selection processes. Since there were very few current improvement plans in existence, they had no significant bearing on community priorities selected for Davis County.

Intermountain Health outlined the following priorities for 2023 -2025: 1) improve mental well-being; 2) improve chronic and avoidable health outcomes; and 3) address and invest in social determinants of health (IH, 2022).

Since selecting Davis County priorities, Davis4Health coordinators have contributed to conversations for the development of the Utah Health Improvement Plan and the Holy Cross Hospital - Davis Community Health Needs Assessment.

Partner Input

Partners were able to provide input through several phases. Partners voted for priorities using a combination of text polling, small group discussions, and dot voting. Those unable to attend the Steering Committee meeting were given the opportunity to add their input by completing an online survey.

Poll Everywhere Text Survey

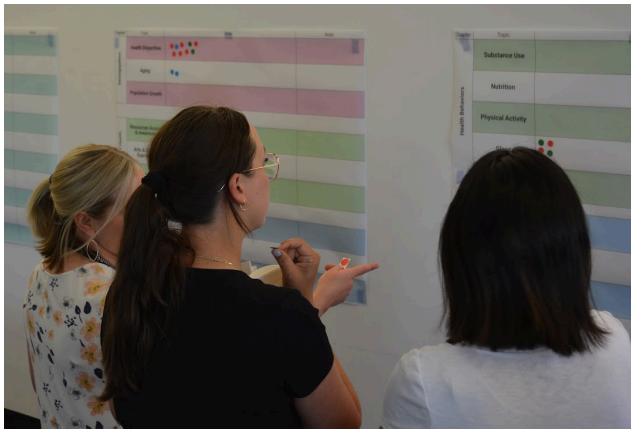
1. In your opinion, what Davis County issue is most urgent and/or serious? (can't be ignored)
2. Which issue would benefit from a coordinated effort?
3. What cross-cutting issue should be addressed because it is a root cause of inequities and negative outcomes?
4. Which protective factor is most important to improve upon?

Small Group Discussion Questions

1. What current coordinated prevention efforts are taking Davis County in the right direction?
2. What can be done to enhance coordinated prevention work in Davis County?
3. What can be done to increase awareness of community resources and services?
4. What can be done to better support community connectors?
5. What is your vision for community resource centers in Davis County?
6. What cross-cutting issue should be addressed because it is a root cause of inequities and negative outcomes?

Dot Voting Posters

The posters included a row for each topic listed in the Hot Topics table from the *CHA* (refer to Appendix 7). Partners were each given three "dots" to place next to the topic(s) they supported focusing on in the *2024-2028 CHIP* (refer to images below). Blank spaces were available on the posters for partners who wished to write-in additional topics for consideration.



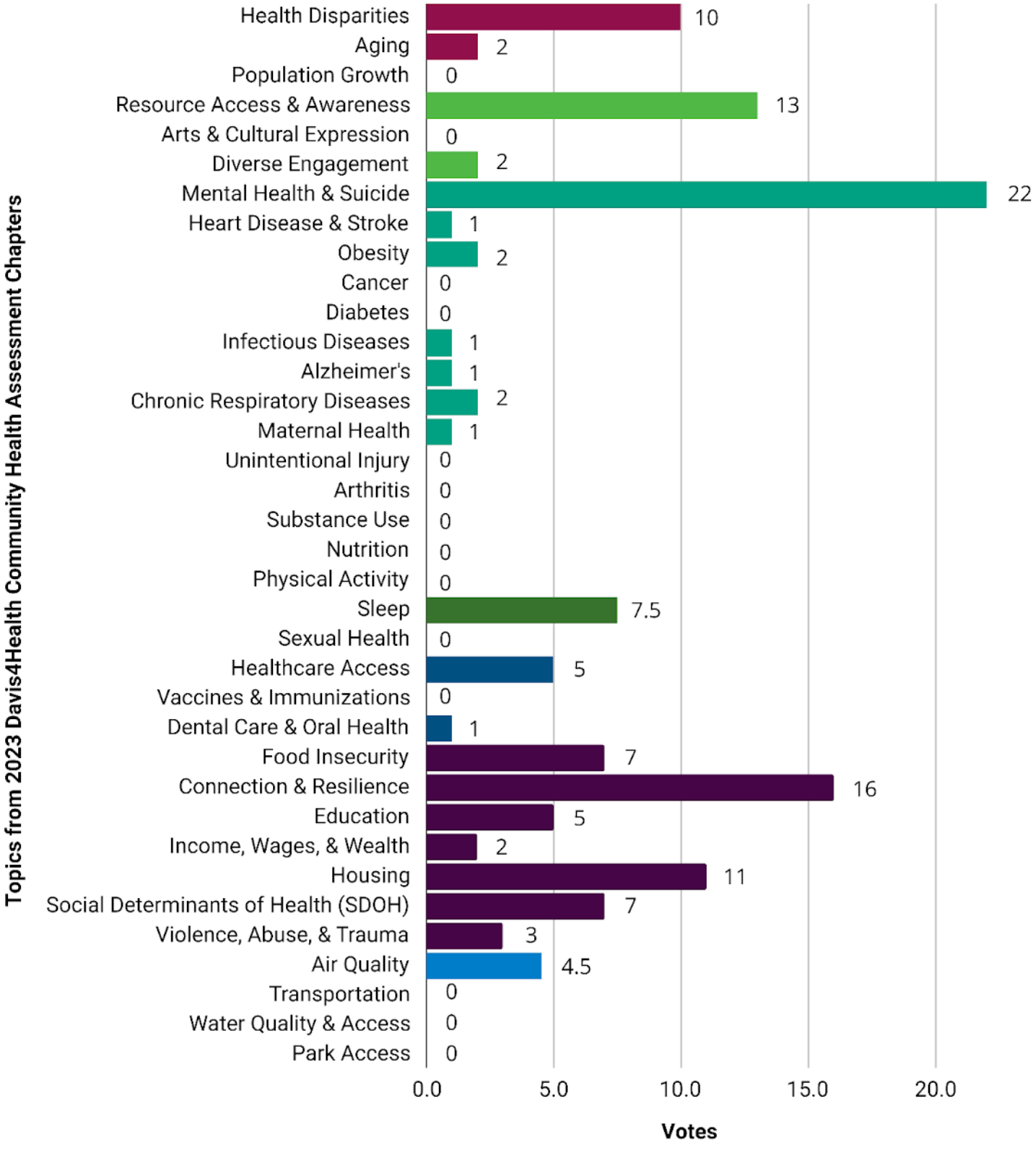
Absentee Survey

An online survey through SurveyMonkey was provided to Davis4Health partners who were not able to join in priority selection discussions on May 17th. It was important to allow all partners to provide input. The survey combined the open-ended text poll questions and the Hot Topics list with the option to select the top three issues they wanted to see addressed. Eleven responses were received.

Results

The combined results from the in-person dot voting and online survey are shown in Figure 8 with colors corresponding to the Hot Topics table (refer to Appendix 7) and *CHA* chapter that contained data on that topic.

Figure 8: Priority Selection Voting by Davis4Health Partners



After tallying the voting results, combining the notes from the discussion questions, reflecting on many conversations with community partners, and reviewing evidence-based approaches, two priorities were drafted. It was proposed that Davis County would strengthen protective factors by:

- Priority 1: Improving mental, emotional, and social well-being
- Priority 2: Improving access to resources and services

Throughout the summer, the priorities were presented to partner groups for approval. Partners feel the selected priorities are:

- Moving in the right direction
- Upstream
- Enduring

They are unified in the following approaches to address shared priorities:

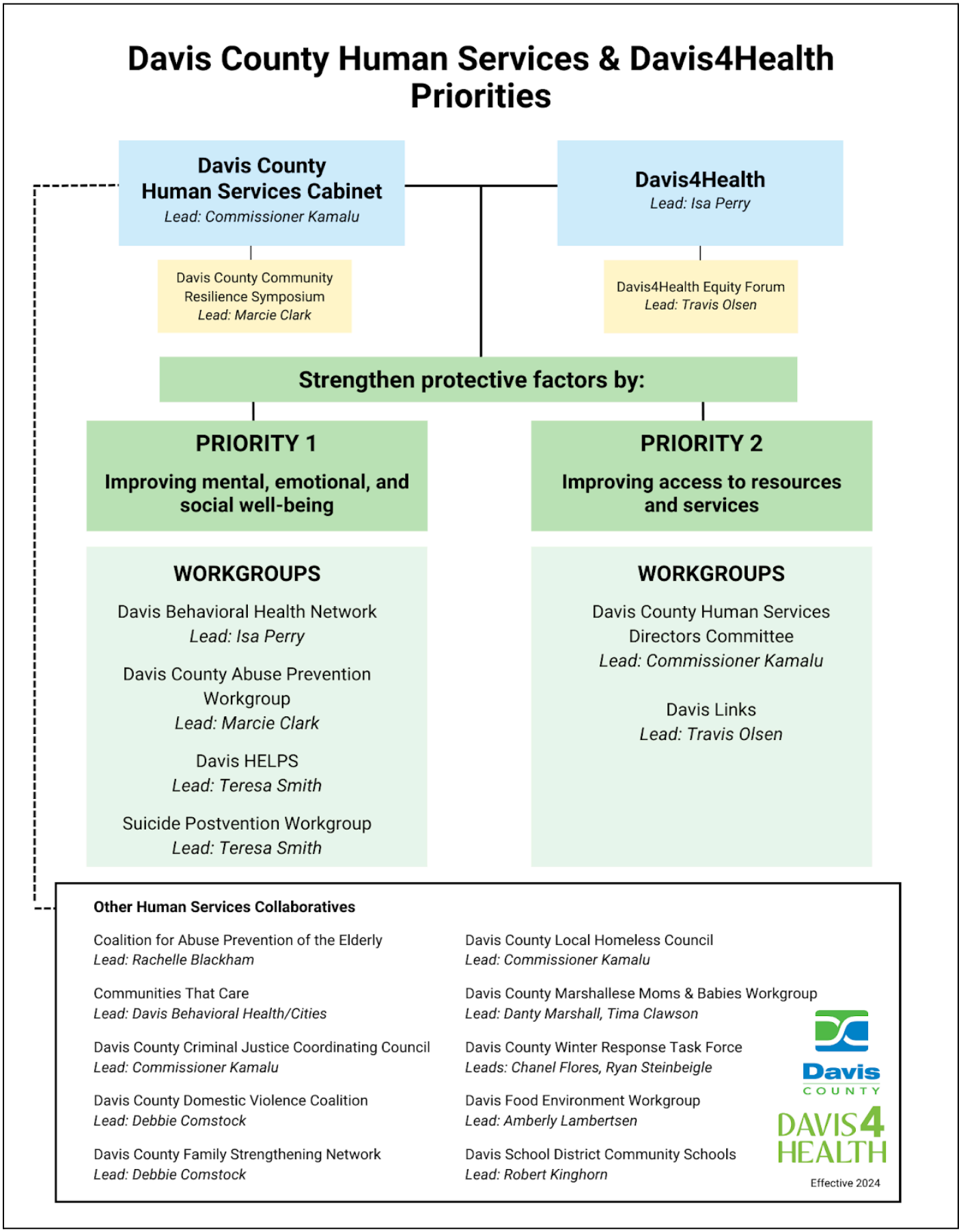
- Utilizing an equity lens
- Strengthening protective factors
- Applying a trauma-informed approach

Davis County Human Services Alignment

Many partners participate in both Davis4Health and the Davis County Human Services Directors Committee. In May, these partners discussed and voted on whether Davis4Health and Human Service Directors' priorities should be aligned. Thirty-two partners agreed or strongly agreed, two were neutral, and two disagreed. Partners recommended aligning around shared priorities to improve communication, efficiency, and clarity.

On June 1, 2023, the Davis County Human Services Cabinet, an oversight committee for county human services collaborations, (refer to image above) also gave its support for the priorities and agreed to align with Davis4Health. Figure 9 (on page 31) illustrates this alignment.

Figure 9: Davis County Human Services & Davis4Health Priorities



Choose Effective Policies & Plans

With the priorities selected, the next step was selecting effective policies and plans.

Identifying Existing Workgroups

Existing coalitions and workgroups currently addressing the prioritized issues were explored. The following community coalitions and workgroups were identified as having primary responsibility for developing, implementing, and monitoring the *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)*:

PRIORITY 1: Improving mental, emotional & social well-being	**PRIORITY 2**: Improving access to resources and services
• Davis Behavioral Health Network • Davis County Abuse Prevention Workgroup • Davis HELPS • Suicide Postvention Workgroup	• Davis County Human Services Directors Committee • Davis Links

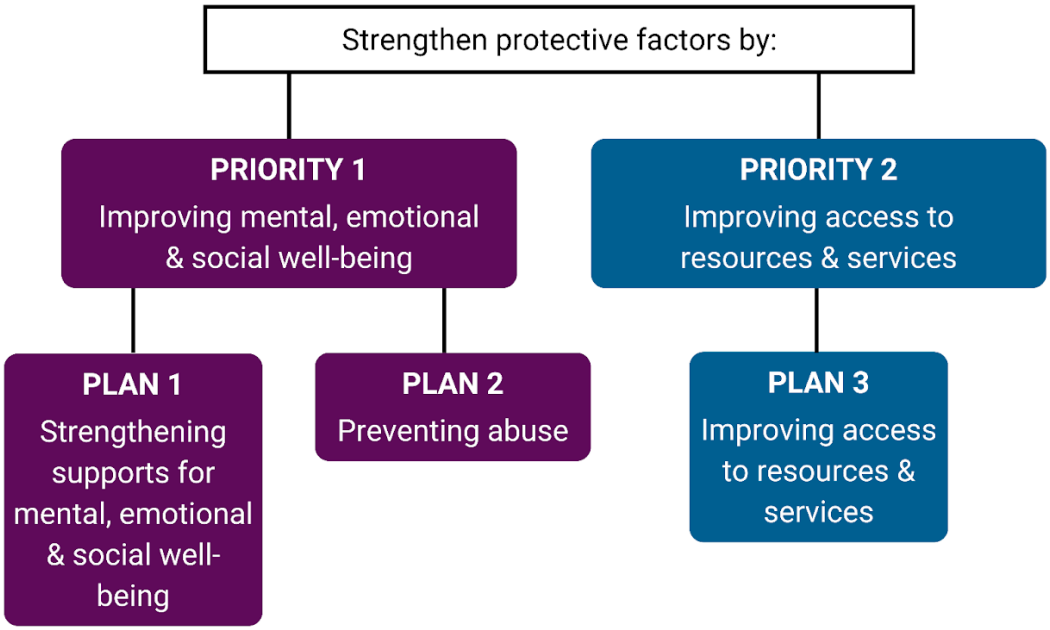
Partners in these collaboratives began to develop the new *CHIP* with visions, goals, objectives, outcomes, and timelines. As the plan was being developed, other human services collaboratives (refer to Figure 9 on page 31) were consulted and provided feedback.

Since many coalitions and workgroups exist in Davis County to address a variety of health and human services issues, a more detailed list was created. More information about existing coalitions and workgroups, including purpose, meeting schedule, and points of contact, can be found at tinyurl.com/daviscoalitionsandworkgroups.

Developing Action Plans

Following priority selection, community partners began developing action plans for each priority. There are two plans for Priority 1 and one plan for Priority 2 (refer to Figure 10).

Figure 10: Priorities & Plans of the *2024-2028 Davis4Health Community Health Improvement Plan*



Elements of Action Plans

The following terms are defined to provide understanding about the important elements included in action plans:

- **Situation** - the current data and existing resources
- **Vision** - an aspirational picture of future success
- **Strategies** - plans of action or policies designed to achieve a major or overall aim
- **Goals** - the key results desired
- **Objectives** - measurable outcomes that directly contribute to the achievement of the plan goals
- **Outcomes** - measures used to monitor the big picture, specifically whether collaborative improvement efforts are impacting health trends for the whole county and making a difference

Logic Models

In order to create an action plan, first a high-level logic model was created for each plan. Logic models include the **situation**, **strategies**, **goals**, and **outcomes**. Leaders of each collaborative guided the development of these logic models to ensure partners stay oriented to what they are working on together and why. Logic models can be viewed in Appendix 1.

Summary Tables

Action plan summary tables include a **vision**, **strategies**, **goals**, and measurable **objectives** (refer to template below and Executive Summary pages 4-8).

Template of Action Plan Summary Table

Priority X: …		
Vision: …		
Strategies	**Goals**	**Objectives**
Strategy 1	Goal 1A	…
		…
	Goal 1B	…
Strategy 2	Goal 2A	…
Strategy 3	Goal 3A	…
		…
		…
	Goal 3B	…

Selecting Strategies, Goals & Objectives

The strategies, goals, and objectives in the *CHIP* reflect how the community intends to influence priority health issues. They were selected with these important concepts in mind: 1) the science behind driving societal changes; 2) the Social-Ecological Model; and 3) evidence-based practice repositories.

Driving Societal Change

Due to the work of the Utah Women & Leadership Project, A Bolder Way Forward, and Saprea, community partners received training on how change happens, specifically related to successful social movements. Societal change means thinking at the systems level. Every well-functioning system is about the relationship between the parts that make it work; the parts themselves need to be in good working order, but alone, they are powerless to achieve the greater goal or purpose. This requires a shift from outputs to outcomes, which is the key to more boldly advancing a common cause. Networks and coalitions are critical to success; no organization is big enough or has enough resources to tackle broad social issues alone. For this reason, strategic partnerships and alliances across sectors are necessary for change (Crutchfield, 2018). With this research in mind, workgroups used a societal change mindset to guide the selection of strategies and goals.

Societal change is:	Societal change is not:
• A broad movement • The combined work of many community members and partners • Changing social norms (what is acceptable)	• Programs and services • The work of a single organization • Changing individual behaviors

The Social-Ecological Model

The Social-Ecological Model considers the range of factors that affect a community's health status beyond individual characteristics and behaviors to include conditions outside an individual's control that impact their health. The overlapping rings in the model (refer to Figure 11) illustrate how factors at one level influence factors at another level. To achieve the greatest impact, selecting a combination of strategies that address different levels of the model can reinforce community prevention efforts. For example, to address abuse and violence, this might look like (CDC, n.d.):

- **Individual**: Parents learn skills for age-appropriate infant and toddler care
- **Relationship**: Classes or workshops where people learn respectful communication strategies
- **Community**: A school district creates, implements, monitors, and evaluates a policy to prevent bullying behavior
- **Societal**: Legislation to encourage employers to offer family leave options and flexible schedules for all staff

Figure 11: Social-Ecological Model

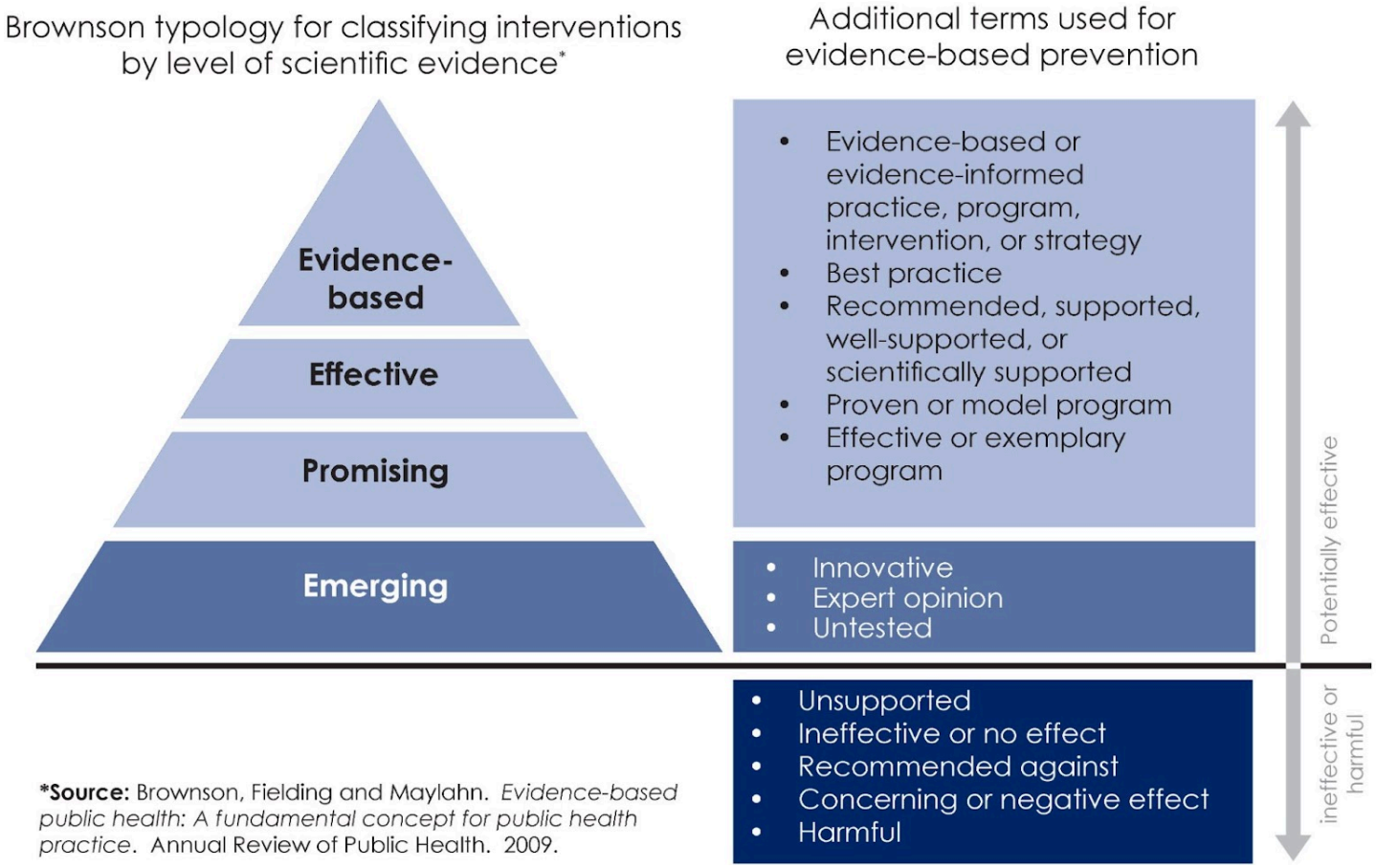
Evidence-Based Practices

Where possible, evidence-based programs or practices were selected because they have been evaluated and proven to be effective. "Programs" or "practices" can mean a variety of things, such as a method, strategy, intervention, approach, framework, activity, curriculum, or policy. These terms are often used interchangeably.

Programs that have strong evidence demonstrating they are effective in achieving outcomes are generally classified as "evidence-based" but may also be referred to as a "best practice," "well-supported," or a "model program." Programs that have been shown to be effective through less rigorous evaluation methods are often referred to as "promising," "emerging," "innovative," or "untested."

Figure 12 below shows terminology for classifying interventions by level of scientific evidence on the left, with evidence-based being the top standard. Related terms that are often used in prevention practice guidelines are on the right.

Figure 12: Terms Commonly Used to Classify Prevention Strategies by Level of Effectiveness and Strength of Scientific Evidence



Although a program may be evidence-based, there are other factors that impact its effectiveness such as: cultural appropriateness, how well the strategy fits with community conditions, and the availability of adequate resources to implement the strategy. These were also considered when selecting a program or practice.

A list of evidence-based registries and resources can be found in Appendix 8.

Reviewing Action Plan Drafts

During the Davis4Health Steering Committee meeting held on October 17, 2023, logic models for each of the three plans were reviewed (refer to Appendix 1). There were 49 partners in attendance and 25 agencies were represented. Their feedback on the models was collected through small group discussions and text polls.

Small Group Discussion Questions	Response Themes
1. What part of the Community Health Improvement Plan are you the most excited about?	• The connection it will create between agencies, the public, and resources
2. What questions or concerns do you have about what is being planned?	• The timeline is too short to accomplish the goals • Funding and organizing • Connecting the system of people and resources
3. What community resources exist or are available to support the plan?	• All of us! • Everyone willing to work together • High functioning workgroups and coalitions

Text Poll Questions	Response Themes
• Who is missing from this discussion that is an important part of the success of this community plan? (open-ended question)	• Businesses • Faith leaders • Those with lived experiences • State/federal partners • Cities • Law enforcement • Hill Air Force Base • Funders/investors • Media
• The plan is on the right track. (rated on a scale)	• 96% of respondents strongly agree or agree

The Steering Committee felt that the plans were taking the work in the right direction and approval was given to proceed with more detailed action plans.

Partners with Responsibility

Partners and agencies participating on the Steering Committee and in other workgroups reviewed the *CHIP* strategies and placed their name next to the goals that they can contribute to and share responsibility for (refer to pages 56-57, 68, and 82). Many see their role in addressing priority issues and have identified areas of influence and responsibility within the *CHIP*.

How Action Plans will be Used

The details relating to how each priority will be addressed and who will be responsible for objectives are included in this document, providing a plan of action for community partners. This *CHIP* will be used by health, education, and human service agencies in collaboration with community partners to coordinate efforts and designate resources to address the community's priorities.

Action Plan Timeline

Two time targets are being used for objectives in the plan, 2026 and 2030. Due to the upstream nature of the plan's priorities, it felt realistic to partners to have a three-year check-in point and a seven-year time frame for bigger changes. These mirror the format of the Utah initiative A Bolder Way Forward. Partners felt that five years would be too soon to achieve all the objectives and desired impacts on health outcomes. For that reason, longer-term projects were set to be achieved by the year 2030. Progress will be tracked and documented annually.

Motto

The motto of the *CHIP* is:

Connection is the key. Resilience is the outcome.

Connection is the key to the plan, meaning social connection to each other (family, peers, neighbors, and community) as well as connection to resources.

These types of connections are critical building blocks for **resilience**, the ability to bounce back from life's challenges. In addition to improving health and well-being, a desired outcome of this plan is resilience for both individuals and the Davis County community. Resilience is a shared outcome that resonates with community partners and seems attainable. Figure 13 is the *CHIP motto* symbol.

Figure 13: *2024-2028 Davis4Health Community Health Improvement Plan* Motto Symbol

Priority 1: Improving mental, emotional & social well-being

For Priority 1, there are two plans: 1) Strengthening supports for mental, emotional & social well-being and 2) Preventing abuse. The two plans in Priority 1 are complementary, yet distinct. Both plans are recognized as being essential for addressing root causes of poor mental, emotional, and social health and impacting social norms to improve mental, emotional, and social well-being in Davis County.

Brain health is key to overall health and mental, emotional, and social well-being. The mind and body are affected by what goes into them. Remembering that the brain is part of the physical body helps acknowledge that the factors that keep the body healthy also keep the mind healthy. The same recommendations to promote physical health and reduce cardiovascular disease apply to promoting mental health and reducing cognitive impairment. Recommendations to improve mental, physical, and brain health are shown in Figure 14. While mental, emotional, and social dimensions of well-being are emphasized in Priority 1 because they encompass the issues of most concern in Davis County, community members have reiterated the importance of other aspects of well-being such as physical, financial, and spiritual.

Figure 14: Recommendations to Improve Mental, Physical & Brain Health

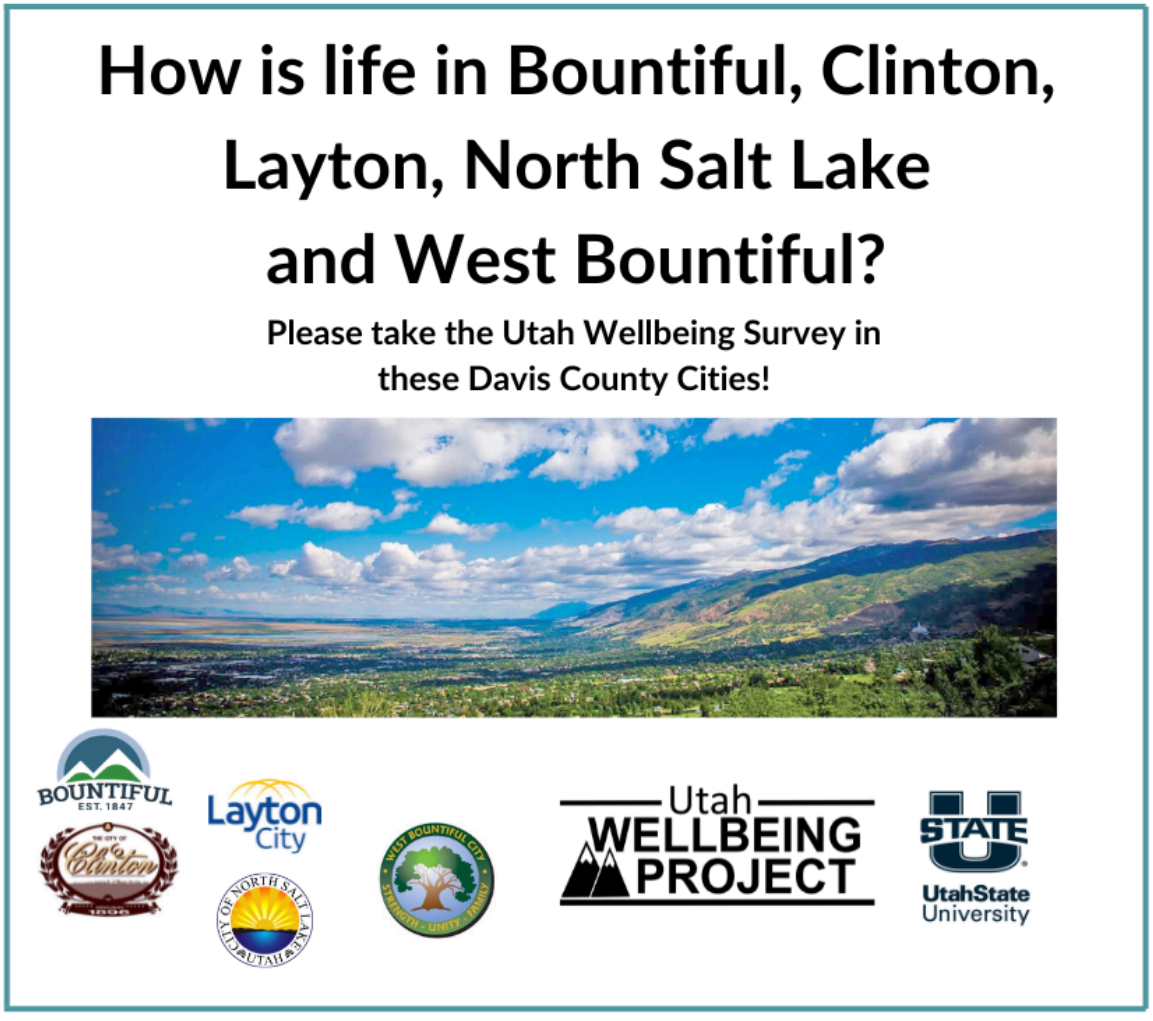
Well-being is a broad term that contains many interconnected dimensions of health. It shows how people view the way their lives are going from their own perspective. Dimensions of well-being include: physical, mental, emotional, social, spiritual, occupational, intellectual, financial, and environmental. The concept of well-being combines physical and mental health with community conditions and life satisfaction. Higher levels of well-being are associated with lower risk of death, illness, and injury along with increased productivity and community involvement (CDC, 2022).

The Utah Wellbeing Project (refer to Figure 15), coordinated through Utah State University (USU), measures community well-being in some Davis County cities using 10 domains (USU, 2024):

- Connection with nature
- Cultural opportunities
- Education
- Leisure time
- Living standards
- Local environmental quality
- Mental health
- Physical health
- Safety and security
- Social connections

Many aspects of well-being are addressed in various ways throughout programs and services offered in the community. The *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)* recognizes that all aspects of well-being are important and interrelated.

Figure 15: Flyer for Utah State University Wellbeing Project



Plan 1: Strengthening supports for mental, emotional & social well-being

Vision: Davis County is a community where all people are supported in their mental, emotional, and social well-being.

Throughout the *2019-2023 Davis4Health CHIP*, community partners worked together with a focus on preventing suicide, coordinating prevention efforts, and improving access to behavioral health services. Partners agreed that it was important to carry on these efforts in the next plan. Successful programs, policies, and partnerships are already in place to continue this work, move upstream, address root causes, and create societal change associated with mental, emotional, and social well-being.

Davis HELPS is a long-standing coalition that has taken the lead in coordinating prevention efforts throughout the county, with Davis County Health Department (DCHD) currently providing administrative support. It is through the Davis HELPS coalition that this plan was developed. Monthly meetings throughout 2023 were used to review current programs and measures; assess gaps and needed societal change; and find possible evidence-based strategies and outcome measures that are realistic and effective in Davis County. Various community collaboratives reviewed and provided input on multiple steps throughout plan development.

The coalition's work identified the following gaps and needed societal changes:

- Increased social connection
- Increased program reach to all populations
- Reduced stigma around seeking help
- Increased adult education to match existing youth education programs about mental and emotional health (i.e., relationship, coping skills, self-care)
- Coordinated community postvention plans for crisis situations and suicide deaths

Situation

This section explores data, community conditions, and existing resources related to mental, emotional, and social well-being in Davis County.

Mental Health Factors

Mental health is important throughout every stage of life, from childhood and adolescence through adulthood. Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how a person handles stress, relates to others, and makes healthy choices (CDC, 2022).

Mental health is influenced by social and environmental factors at every stage of life. Parental bonding and the home environment are highly impactful during infancy and early childhood. In adulthood, unemployment, poverty, and physical health problems can increase the likelihood of developing mental health conditions. Social and community isolation later in life influences an individual's ability and opportunity to access mental health protections (Kousoulis & Goldie, 2021).

A person's mental health can change over time, depending on many factors. When the demands placed on a person exceed their resources and coping abilities, their mental health may be negatively impacted. For example, working long hours, caring for a relative, or experiencing economic hardship may lead to poor mental health (CDC 2023). In addition, as communities recover from the impacts of the COVID-19 pandemic, mental health has been in the spotlight at the national, state, and local level.

Social Connection

Social connection includes more than relationships and interactions. It includes the structure, function, and quality of relationships. Healthy social connections with parents, family, friends, and community are factors that positively impact mental, emotional, and social well-being across the lifespan. Feeling connected and involved in one's community is associated with a longer and healthier life. Social connection can help prevent serious illnesses and outcomes like heart disease, stroke, dementia, depression, and other negative health outcomes (CDC, 2023). On the other hand, social isolation, or the absence of connection, is a health risk as harmful as smoking cigarettes. In 2023, the U.S. Surgeon General released a report named *Our Epidemic of Loneliness and Isolation*, which outlines the negative effects of loneliness and benefits of connection at individual and community levels (Office of the Surgeon General, 2023). People who live in highly connected neighborhoods have better social networks that lead to greater access to support and resources. Policies and programs that encourage and support connection in neighborhoods and communities can have the greatest impact on health (CHR&R, 2022).

Suicide

Suicide continues to be a top concern in Davis County and is among the top 10 leading causes of death locally and nationally (DCHD, 2023). Suicide prevention has been a Davis County community health improvement priority for over 10 years and will remain a focus in this plan. There are many state and local resources in place to address suicide in Davis County. In the development of this *CHIP*, the Utah Suicide Prevention State Plan was reviewed. The core strategies outlined in this *CHIP* align with the state's plan.

Access to Mental Health Support

There are barriers to accessing mental health support in Davis County. Difficulty accessing mental health resources has been identified as a community need for years. As reported in the *2023 Davis County Community Equity Assessment*, focus groups held in 2022 confirmed that oftentimes people who are struggling with mental health conditions or suicidal ideation are unable to get the help they need in a timely manner (DCHD, 2023). As one service provider stated,

> When you speak to access, I have so many resources available, but some people can't even pick up the phone, or get out of bed because of the trauma, or PTSD, or the child being made fun of at school.

Even when someone is able to seek help on their own or with the support of family or friends, they still face barriers to receiving the care they need. Stories from the focus groups highlighted many of these barriers, including examples of being sent home during a crisis; inability to find care due to lack of insurance; waiting three to six months for available appointments with therapists; and paying tens of thousands of dollars out of pocket for adequate care.

Youth Risk & Protective Factors

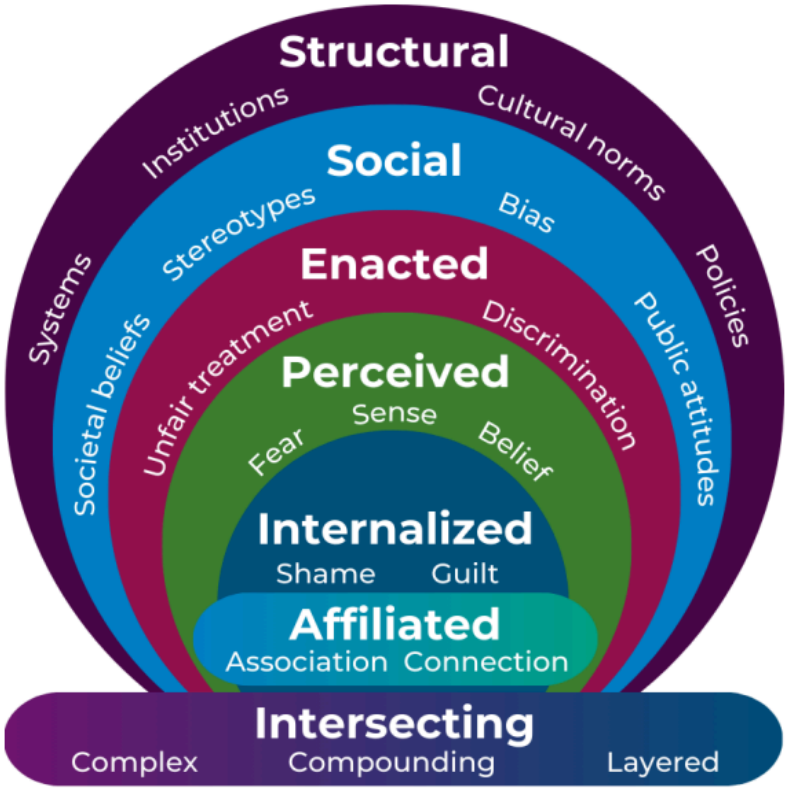
According to the Student Health and Risk Prevention (SHARP) Survey, the most common youth protective factors in 2023 included opportunities for prosocial involvement and family attachment. The most common risk factors for Davis County youth were depressive symptoms, low commitment to school, and attitudes favorable to antisocial behaviors (SHARP, 2023). As programs and strategies are put in place to address these youth risk and protective factors, more adults could also benefit from education and skills to model positive mental, emotional, and social well-being for younger generations. For more information on risk and protective factors, refer to page 13 and Appendix 2 and 3.

Stigma

Stigma refers to a negative or unfavorable perception, belief, or attitude associated with a particular characteristic, condition, or group of people. It can lead to discrimination, bias, and social isolation, causing individuals or groups to be unfairly judged, marginalized, or treated differently. Stigma can have harmful effects on mental and emotional well-being, and it often arises from societal norms, stereotypes, or misconceptions (Link & Phelan, 2001). As shown in Figure 16, types of stigma include:

- **Structural**: embedded in institutions, policies, systems, cultural norms
- **Social**: held by the general public
- **Enacted**: experience of discrimination/mistreatment
- **Perceived**: feelings/fear one will be stigmatized or discriminated against
- **Internalized**: individual accepts stereotypes and beliefs about themselves - accompanied by shame
- **Affiliated**: felt by friends/family/allies due to association with someone of a stigmatized identity
- **Intersecting**: compounding of multiple forms of stigma due to the presence of of various identities/conditions

Figure 16: Types of Stigma



According to the *2023 Davis County Community Equity Assessment*, certain groups in Davis County experience various forms of stigma, including people who are part of the LGBTQ+ community and those who are Hispanic/Latino (DCHD, 2023). Stigmatizing beliefs and behaviors included discrimination, bullying, exclusion, violence, assumptions, and hate crimes.

Resilience Factors of Mental, Emotional & Social Well-Being

The *2023 Davis4Health Community Resilience Assessment* identified strengths of Davis County adults, which are:

- Feeling safe where they live
- Calming themselves down as needed
- Trying to make it right when they have hurt someone

The assessment also identified opportunities for improving resilience among Davis County adults, many of which relate to mental, emotional, and social well-being (DCHD, 2023). They include:

Individual Domain: the individual's experiences, qualities, and behaviors
• Meeting basic needs for physical activity and sleep • Receiving enough rest and renewal • Asking for help when needed • Forgiving themselves for their flaws
Relationship Domain: characteristics of the individual's relationships with other people
• Feeling safe talking to others about feelings • Feeling safe asking for help • Feeling safe enough to be imperfect or make mistakes
Community Domain: social conditions of the place where the individual lives currently
• Having the opportunity to be involved in community decisions • Feeling understood by others where they live • Feeling fairly treated in the community, especially at work

The survey that informed the *2023 Davis4Health Community Resilience Assessment* included an open-response question to collect community voice from respondents. The following quotes reflect the ways in which community members are both struggling and succeeding:

> "If my sleep can improve, I [would] appreciate it. I can't sleep every day."

> "I don't know how anyone can get enough rest and balance a 40+ hour work week and family responsibilities."

> "My high school has a private page on FB [Facebook] where I have reconnected with over 100 of my classmates from Class of '67... It is probably where I feel most safe to express anything I want without worrying."

Community Assets

Three collaborations have primary responsibility for this action plan: Davis HELPS, Suicide Postvention Workgroup, and Davis Behavioral Health Network.

Davis HELPS

Davis HELPS (refer to image below) is the lead coalition in Davis County working on suicide prevention and the coordination of general prevention efforts. The coalition has been meeting since 2008 and began focusing on suicide prevention in 2013.

Coalition members represent the following agencies:

- Blue Star Families
- Centerville Cares
- Children's Service Society - Grandfamilies
- Communities That Care
- Continue Mission
- Davis Behavioral Health
- Davis County Domestic Violence Coalition
- Davis County Health Department
- Davis County Pride
- Davis County Sheriff's Office
- Davis School District
- Davis Technical College
- Department of Workforce Services
- Head Start
- Health Choice Utah
- Hill Air Force Base
- Intermountain Health
- Juvenile Court
- Layton Community Action Council
- MountainStar Healthcare
- NUAMES
- NUHOPE
- Safe Harbor
- The Church of Jesus Christ of Latter-day Saints
- Utah State University Extension
- Utah Health Policy Project
- Veterans Affairs

Suicide Postvention Workgroup

Suicide postvention (refer to image below) is an organized, coordinated response after a suicide death occurs to support affected individuals with the goal of preventing and alleviating additional negative outcomes. The workgroup addresses gaps in coordinated postvention by increasing collaboration, aligning resources, and creating a community suicide postvention plan.

The workgroup was formed in 2023 and includes the following partners:

- Adult Probation & Parole
- Centerville Police Department
- Davis Behavioral Health
- Davis County Health Department
- Davis County Sheriff's Office
- Davis School District
- Davis Technical College
- First Responders First
- Hill Air Force Base
- Holy Cross Hospital - Davis
- Intermountain Layton Hospital
- Layton City Fire
- NUAMES
- NUHOPE
- The Church of Jesus Christ of Latter-day Saints
- Utah Military & Veteran Affairs
- Utah State University Extension
- West Bountiful Police Department
- Woods Cross City

Davis Behavioral Health Network

The intent of the Davis Behavioral Health Network (refer to image below) is to bring service providers, community-based organizations, and other interested partners together to work on improving access to behavioral health services in Davis County. Davis County Health Department and Davis Behavioral Health provide administrative support to the group. The group started in 2013 and includes members from the following agencies:

- Davis Behavioral Health
- Davis County Health Department
- Davis School District
- Family Counseling Service of Northern Utah
- Head Start
- Hope Center
- Intermountain Health
- Midtown Community Health Center
- Sol Recovery Community
- The Church of Jesus Christ of Latter-day Saints
- Turning Point Centers
- Utah State University Extension

Other Local Community Assets

Many successful community collaborations and programs are in place to improve mental, emotional, and social well-being. Agencies often coordinate to align efforts, support policies, and cross-promote local, evidence-based programs, policies, and practices. Some local assets include:

- Caring Connections
- Communities that Care
- Community Schools Davis
- Community Suicide Prevention Training
- Continue Mission - No Veteran Left Behind
- Davis Behavioral Health 24-Hour Crisis Response Line
- Davis Behavioral Health community groups
- Davis Behavioral Health prevention programs and relationship classes
- Davis Mindfulness Center
- Davis School District Family & Student Resources
- Davis School District - Social and Emotional Learning
- Healthy Relationships Utah
- LiveOn Utah
- NUHOPE
- SafeUT
- Strengthening Families: The Protective Factors Framework
- Utah Marriage Commission

Strategies

For Plan 1, there are five strategies:

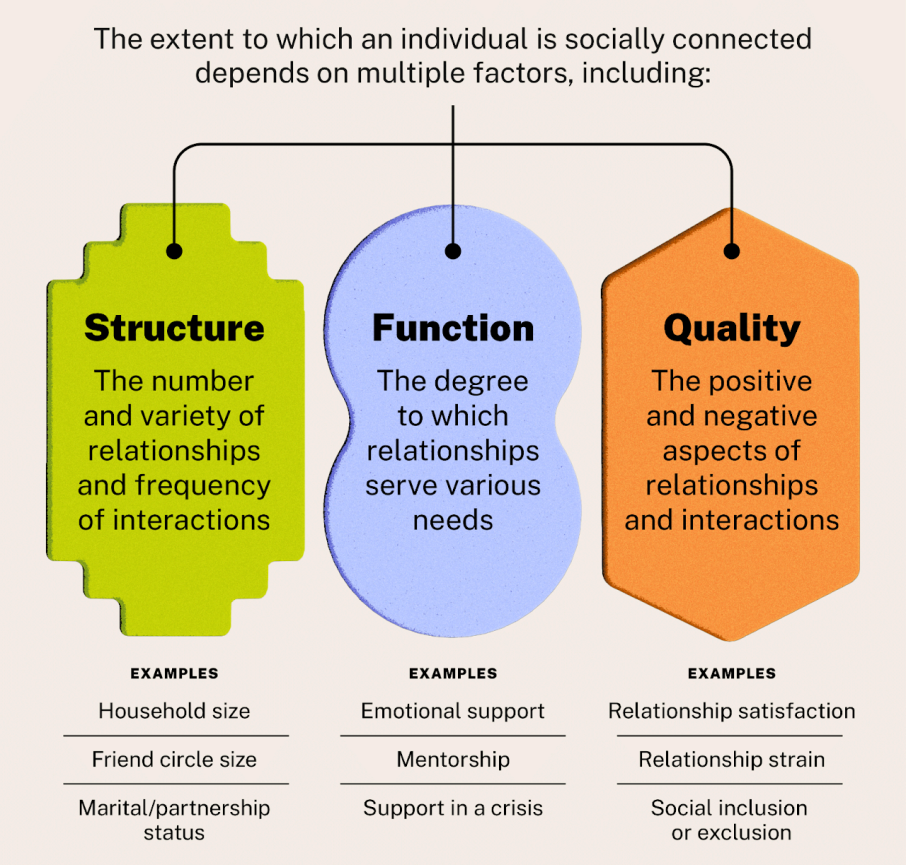
- Strategy 1: Increase social connection in communities where we live, learn, work, play, worship, and rest
- Strategy 2: Increase skills to navigate life's challenges
- Strategy 3: Reduce stigma by normalizing and promoting help-seeking, hope, and recovery in the community
- Strategy 4: Improve access to relevant services, programs, and care for mental, emotional, and social well-being
- Strategy 5: Advocate for the collection of Davis County mental, emotional, and social well-being data

Strategy 1: Increase social connection in communities where we live, learn, work, play, worship & rest

Social connection goes beyond an individual's relationships and interactions with family, friends, colleagues, and neighbors. A person's level of social connection with others and their community is not simply determined by the number of close relationships they have but also informed by their neighborhood, school, workplace, and online environments.

There are three vital components of social connection: structure, function, and quality (refer to Figure 17). Social connection is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity (Office of the U.S. Surgeon General, 2023).This research and focus on social connection by the U.S. Surgeon General reinforces the CHIP motto: **Connection is the key. Resilience is the outcome.**

Figure 17: The Three Vital Components of Social Connection



The *2023 Davis4Health Community Resilience Assessment* asked Davis County adults about ways they felt connected to the community where they lived (DCHD, 2023). The most commonly reported connection indicators were feeling safe in their community (97.9%) and trusting their neighbors (91.1%). However, respondents were less likely to report having opportunities to be involved in community decisions (73.5%) or feeling understood by others where they lived (75.6%).

The *2023 Davis County Community Equity Assessment* provides insight from Davis County adults who felt underserved or underrepresented (DCHD, 2023). They identified barriers to connection such as cost, awareness, language, stigma, location, transportation, systems, policies, and disability accommodations. Focus group themes related to community connection included:

- A perceived lack of power among community members was a challenge to community engagement
- Some were unaware of how to get involved to be able to influence community change
- There is a perceived disconnect between community input and decisions made by legislators and leaders
- Some desire more influence in community decision-making
- Community members are unsure how their community input is used due to a lack of transparency and accountability from people in positions of power
- Decisions regarding changes to services without input from those who use them lead to feelings of being underserved
- Access to youth sports is a concern for families with multiple children or on limited incomes
- Older adults and individuals with disabilities have limited access to transportation, which hinders their ability to participate in social events and connect with others
- Language barriers hinder communication, which affects access to services and the ability to participate in the community

Additionally, the COVID-19 pandemic particularly brought to light the need for social connection. As a result, multiple studies and programs on the topic are now available. Emerging programs, policies, and strategies to improve connection will be documented, reviewed, and shared with partners. Some current publications on connection include:

- *Loneliness and Social Isolation Linked to Serious Health Conditions* (CDC, 2021)
- *Our Epidemic of Loneliness and Isolation* (Office of the Surgeon General, 2023)
- *Our Priorities: Social Connection* (Current Priorities of the U.S. Surgeon General, n.d.)
- *Utah health status update: Loneliness and social isolation in Utah* (UDHHS, 2024)
- *Transforming communities through youth connectedness: A shared risk and protective factor approach to improved community health* (UDHHS, n.d.)

Based on these sources of information, two goals with five objectives were developed for Strategy 1:

Strategy 1: Increase social connection in communities where we live, learn, work, play, worship & rest			
Goals	**Objectives**	**Time Target**	
		2026	2030
1A. Identify emerging evidence-based strategies to improve social connection	Review & document evidence-based programs, policies & strategies to address social connection	x	
1B. Implement programs & strategies to increase social connection among community members & partners	Encourage community members to engage in programs, policies & activities		x
	Encourage agencies to involve community members in decision-making		x
	Develop youth leaders as prevention advocates		x
	Coordinate with Community Schools to strengthen community connections & partnerships		x

As part of these objectives, effective programs and strategies will be implemented to increase social connection among community members and between community members and partners. It is recommended that community members and partners make deliberate efforts to work together to make decisions, inform policy change, and increase participation in programs. Community Schools is one program that has recently been introduced and is expanding in Davis County. It works to increase community partnerships, which will strengthen community connection. Other youth programs (refer to image below) work to increase connection, improve youth protective factors, and promote youth leadership.

Strategy 2: Increase skills to navigate life's challenges

Navigating life's challenges means finding an effective and efficient way to overcome difficulties. A variety of methods can be used to find solutions or improve circumstances, such as seeking support from loved ones, engaging in self-care practices, or acquiring new skills.

Three goals and six objectives were developed for Strategy 2:

Strategy 2: Increase skills to navigate life's challenges			
Goals	**Objectives**	**Time Target**	
		2026	2030
2A. Expand evidence-based approaches that promote healthy development, self-care & coping skills	Explore mental, emotional & social self-care preparedness plans	x	
	Promote mental, emotional & social self-care preparedness plans		x
	Encourage employers to provide tools or programs and to adopt policies supporting individualized rest, renewal & self-care		x
2B. Continue to promote & support mindfulness education & practices	Expand the Learning to BREATHE in Davis County		x
	Offer Learning to BREATHE & other mindfulness courses in community settings for adults		x
2C. Advocate for safe technology initiatives including state campaigns	Receive training on & promote appropriate tools from Utah's Harms of Social Media campaign	x	

The *2023 Davis4Health Community Resilience Assessment* recommended promoting the development of individualized rest, renewal, and self-care plans, including time for sleep and physical activity (DCHD, 2023). Like developing emergency preparedness plans, it is important to figure out a self-care preparedness plan before it is needed so there is time, energy, and concentration to create it effectively. Existing examples and guidelines for creating these plans will be reviewed. Findings and recommendations will be promoted to community members through collaborations and agencies encouraging them to create individual self-care preparedness plans.

This strategy includes a focus on the workplace. On average, Americans working full-time spend more than one-third of their day, five days a week, at the workplace. The use of effective workplace programs and policies can reduce health risks and improve quality of life (CDC, 2019). Many businesses in Davis County encourage employees to care for their mental and physical health. Effective workplace policies, programs, and tools will be identified and recommended to businesses throughout Davis County.

Learning to BREATHE is an evidence-based mindfulness program that has been greatly expanded for youth in Davis County. It is administered by Davis Behavioral Health in partnership with Davis School District. As the progress and effectiveness of the program are monitored, the program will continue to expand to additional age groups. Adults will benefit by learning similar coping skills when Learning to BREATHE and other mindfulness programs are expanded to additional community settings.

Additionally, technology brings both great benefits and unique challenges to individuals, families, and society. There is growing concern about the effects and harms of social media, especially its use among youth. Davis HELPS partners have identified safe technology initiatives currently in place as well as improvements that can be made within individual agencies and the community. The state campaign Harms of Social Media provides resources that will be reviewed and incorporated in Davis County as applicable.

Strategy 3: Reduce stigma by normalizing & promoting help-seeking, hope & recovery in the community

Mental health stigma refers to the negative attitudes, beliefs, and stereotypes that society holds about individuals who experience mental health conditions. It is a form of social discrimination and prejudice that can lead to various negative consequences for those affected by mental health issues (NAMI, n.d.). Harmful effects of stigma include the reluctance to seek help or treatment, a decreased sense of hope, and a decreased belief that recovery is possible. There are three goals with six objectives for Strategy 3:

Strategy 3: Reduce stigma by normalizing & promoting help-seeking, hope & recovery in the community			
Goals	**Objectives**	**Time Target**	
		2026	2030
3A. Develop plain language to promote mental, emotional & social well-being	Prevention partners work together to identify shared terms & the benefits of mental, emotional & social well-being that resonate in the community	x	
	Provide safe messaging training throughout Davis County		x
3B. Expand mental, emotional & social well-being initiatives to a broader audience	Continue to implement mental health and suicide prevention training in school & community settings	x	
	Implement a positive mental health community campaign including tips to talk about mental health & success stories.		x
3C. Promote hope & healing through community suicide postvention efforts	Develop & utilize a coordinated community suicide postvention plan	x	
	Increase the number of Davis County organizations with postvention plans		x

The words used to describe mental, emotional, and social well-being matter. Words shape how people see the world and themselves. Davis County has a unique culture that will benefit from common, positive, and consistent language. Davis HELPS and other partners will work together to identify, develop, and use shared terms that resonate with the community. Identifying, collecting, and sharing successful stories of help-seeking and recovery was selected as a method to open conversations and make a positive change in stigma associated with mental, emotional, and social well-being.

In Utah, 91% of people report having been impacted by suicide, which means 100% of people should know how to help (LiveOn Utah, 2022). Davis County has a very active group of certified instructors that provide a variety of mental health and suicide prevention trainings, such as: Question, Persuade, Refer (QPR); Mental Health First Aid; and Safe and Effective Messaging. Trainings are held in various settings in an effort to reach a broad audience. These efforts will continue, and an increased effort will be made to meet community members where they are by promoting trainings and the LiveOn Playbook to schools, businesses, the military community, faith groups, and more.

Suicide postvention is part of suicide prevention because it is aimed at supporting affected individuals to prevent and alleviate additional negative outcomes. In 2023, Davis County community partners formed the Suicide Postvention Workgroup to assess and coordinate community support after a suicide death. The group identified gaps and is working to develop a collaborative process and a written plan that will help close those gaps. The State Postvention Toolkit will be used as a guide in postvention efforts and plans. In addition to a countywide plan, workgroup members will encourage and assist all agencies in creating a plan or policy to support their employees or members in the event of a suicide or unexpected death.

Strategy 4: Improve access to relevant services, programs & care for mental, emotional & social well-being

Improving access to mental health services has been a community health improvement priority since 2012. Community partners have come together to coordinate prevention efforts and improve access to care through the Davis Behavioral Health Network and Davis HELPS coalition. In recent years, these coalitions have successfully:

- Assessed and promoted evidence-based prevention programs
- Collected, organized, and updated the Davis County Behavioral Health Directory and Spanish Mental Health Directory
- Coordinated youth mental health screening events (refer to images below)
- Provided funding for mental health treatment to people who are uninsured or underinsured
- Provided healthy relationship and mindfulness education to youth and adults across Davis County

These and similar activities will continue over the next five years.

The Utah Behavioral Health Assessment & Master Plan defines **behavioral health access** as the availability of person-centered, prompt, affordable, and effective (evidence-based) behavioral health services and supports to all individuals across the lifespan (Utah Behavioral Health Coalition, 2024). Access is grounded in equitable and culturally responsive behavioral health promotion, prevention, early identification, and intervention as well as treatment and recovery services.

People trying to access behavioral health services and supports often experience challenges with patient navigation and transitional care, which limits the ability to access the right care at the right place and at the right time. In addition, workforce shortages combined with increased demand for services result in delays or even an inability to access behavioral health services and supports.

There are three goals with 12 objectives for Strategy 4:

Strategy 4: Improve access to relevant services, programs & care for mental, emotional & social well-being			
Goals	**Objectives**	**Time Target**	
		2026	2030
4A. Increase public awareness of new & existing resources for mental, emotional & social well-being	Conduct focused outreach to promote mental health resources & programs to diverse groups	x	
	Explore local resources & initiatives for maternal mental health	x	
	Promote local resources & initiatives for maternal mental health		x
	Provide primary care providers in Davis County with information about behavioral health resources	x	
4B. Organize behavioral health information & referral resources	Ensure behavioral health resources are comprehensive & represented in the Davis resource network directory		x
	Identify local resources to add to each category of The Church of Jesus Christ of Latter-day Saints' Life Help webpage	x	
	Identify resources that align with agencies' common concerns & top referrals	x	
	Identify resources & service providers that have cultural & professional expertise to serve populations that have been historically underserved		x
4C. Improve access to behavioral health providers by connecting individuals to care & removing barriers to services	Encourage referrals to the Behavioral Health Network funding program	x	
	Coordinate with staff serving as community connectors to improve engagement in mental health services for underserved or underrepresented groups	x	
	Ensure availability of mental health materials in languages other than English		x
	Conduct annual mental health screenings for youth		x

Knowledge of available behavioral health resources is key to accessing care. Many mental and behavioral health services and resources are available in Davis County, yet some are underutilized because people do not know about them. Efforts will be made to increase public awareness of new and existing resources. Those resources commonly referred to by partners will be organized and included in the **Davis resource network** referred to in Priority 2.

Davis resource network is a broad term encompassing the agencies, staff, services, and centers that are part of the system of resources for community members. This term will be replaced with an official name once system partners have named and branded the network.

Various methods will be used to organize and promote resources with specific efforts to reach all groups. An identified gap is the lack of local maternal mental health resources in Davis County. Therefore, resources specific to this group will be explored and promoted as they are identified or established. Those agencies that have specific skills to serve various cultures will also be identified and promoted with the appropriate groups.

Information and resources are also sought through social connections. In Davis County, the majority of the population identify with one religious group. Specifically, 70.5% of all county community members affiliate with The Church of Jesus Christ of Latter-day Saints (DCHD, 2023). The Church offers a variety of supports on a Life Help webpage, which provides resources on topics, such as addiction; family and relationships; mental and emotional health; and suicide. Local resources are available for many of these topics, yet the webpage often directs users to national resources instead. In order to help faith leaders and individuals reduce the barrier of searching through multiple levels of support, local resources will be identified for each of these sections and shared with faith leaders.

Another common source one looks for behavioral health services is through primary care providers. Improved detection, effective management, and recovery of mild-to-moderate behavioral health conditions through increased coordination between primary care and behavioral health providers can help prevent behavioral health needs from worsening and alleviate pressure on other services and supports (Utah Behavioral Health Coalition, 2024). Therefore, behavioral health resources will also be provided to primary care providers.

Effectively connecting individuals to care and removing barriers to behavioral health services are the basics of improving access. Programs and activities that have been successful in Davis County in the past, such as youth screening events and the Davis Behavioral Health Network funding program, will continue throughout this *CHIP*. Supporting **community connectors** with behavioral health resources is also essential because they work one-on-one with individuals or families to connect them to needed services.

Community Connectors are trusted individuals who link people to resources and services in an effort to improve their quality of life.

Strategy 5: Advocate for the collection of Davis County mental, emotional & social well-being data

A variety of data sources are used to assess the situation and evaluate health improvement efforts. Often, data is readily accessible at both national and state levels. County level data is less available and harder to find. Strategy 5 has one goal and two objectives to address this:

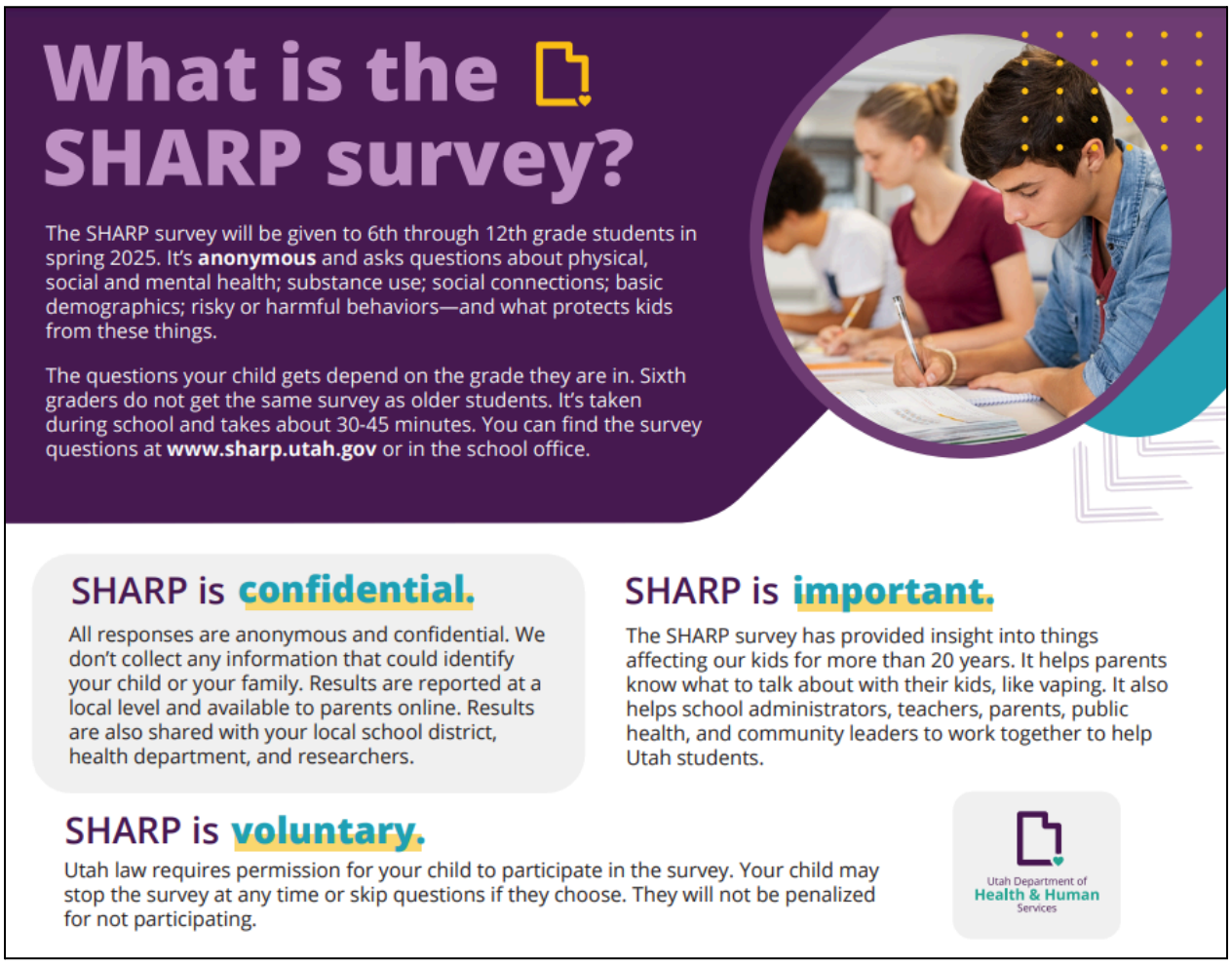
Strategy 5: Advocate for the collection of Davis County mental, emotional & social well-being data			
Goals	**Objectives**	**Time Target**	
		2026	2030
5A. Support efforts to increase participation in data collection	Increase Davis County cities participating in the Utah Wellbeing Project		x
	Increase Student Health & Risk Prevention (SHARP) survey participation by educating partners & parents on the collection, benefits & uses of the data	x	

Two tools that have been useful to measure mental, emotional, and social well-being in Davis County are the Utah Wellbeing Project and the Student Health and Risk Prevention (SHARP) survey. Increasing participation in both of these surveys will provide better, more reliable Davis County data.

The Utah Wellbeing Project surveys community members about their values, attitudes, feelings of community connection, and overall well-being. The project provides valuable information that can be monitored by individual cities and Davis County overall. As of 2023, Layton, Bountiful, North Salt Lake, and South Weber have collected data for the project with two additional Davis County cities, Clinton and West Bountiful, set to join the project in 2024. Increasing the number of participating cities and overall community member responses would give a more complete perspective of well-being in Davis County and allow for well-being improvement efforts to be tailored to specific cities.

The SHARP Survey (refer to Figure 18) is conducted by Utah Department of Health and Human Services every other year. It is given to Utah students in 6th through 12th grades. It is anonymous and asks questions about physical, social, and mental health; substance use; social connections; basic demographics; risky or harmful behaviors; and protective factors. The SHARP survey has guided local prevention efforts for more than 20 years by providing insight into issues affecting students. Substantial student participation is imperative to help schools, teachers, parents, and community leaders work together to support Davis County students. Because students' participation has decreased in recent years, state and local education efforts are planned to increase awareness of the importance and confidentiality of the survey.

Figure 18: What is the SHARP Survey?



Partners with Responsibility for Goals

This table shows Davis4Health partners who took responsibility for goals they can help accomplish in Plan 1.

Plan 1: Strengthening supports for mental, emotional & social well-being	
Goals	**Partners with Responsibility**
1A. Identify emerging evidence-based strategies to improve social connection	Communities That Care Coalitions; Davis Behavioral Health; Davis HELPS; Davis County Department of Workforce Services; Davis County Health Department; Debbie Comstock (volunteer); Head Start; Lakeview Hospital; Utah State University Extension
1B. Implement programs & strategies to increase social connection among community members & with partners	Communities That Care Coalitions; Davis Behavioral Health; Davis HELPS; Davis County Department of Workforce Services; Davis County Health Department; Debbie Comstock (volunteer); Head Start; Lakeview Hospital; Utah State University Extension
2A. Expand evidence-based approaches that promote healthy development, self-care & coping skills	Communities That Care Coalitions; Davis Behavioral Health; Davis County Department of Workforce Services; Davis County Health Department; Davis School District; Deseret Industries; Family Counseling Service of Northern Utah; Head Start; Lakeview Hospital; The Church of Jesus Christ of Latter-day Saints; Utah State University Extension
2B. Continue to promote & support mindfulness education & practices	Communities That Care Coalitions; Davis Behavioral Health; Davis County Health Department; Davis School District; Family Counseling Service of Northern Utah; Head Start; Lakeview Hospital; Safe Harbor; Utah State University Extension
2C. Advocate for safe technology initiatives including state campaigns	Davis County Health Department; Davis HELPS
3A. Develop plain language to promote mental, emotional & social well-being	Communities That Care Coalitions; Davis Behavioral Health; Davis HELPS; Debbie Comstock (volunteer); Family Counseling Service of Northern Utah; Lakeview Hospital; Lorene Kamalu (Commissioner)
3B. Expand mental, emotional & social well-being initiatives to a broader audience	Communities That Care Coalitions; Davis Behavioral Health; Davis HELPS
3C. Promote hope & healing through community suicide postvention efforts	Davis Behavioral Health; Davis County Health Department; Davis HELPS; Holy Cross Hospital - Davis; Intermountain Health; Lakeview Hospital; Postvention Workgroup
4A. Increase public awareness of new & existing resources for mental, emotional & social well-being	Communities That Care Coalitions; Community & Economic Development; Davis Behavioral Health; Davis County Department of Workforce Services; Davis County Health Department; Davis Links; Family Counseling Service of Northern Utah; Holy Cross Hospital - Davis; Intermountain Health; Lakeview Hospital; Lorene Kamalu (Commissioner); The Church of Jesus Christ of Latter-day Saints

Plan 1: Strengthening supports for mental, emotional & social well-being (continued)	
Goals	**Partners with Responsibility**
4B. Organize behavioral health information & referral resources.	Davis Behavioral Health Network; Davis County Health Department; Davis School District; Lakeview Hospital; Debbie Comstock (volunteer); Family Counseling Service of Northern Utah
4C. Improve access to behavioral health providers by connecting individuals to care & removing barriers to services.	Davis Behavioral Health; Davis Behavioral Health Network; Davis County Health Department; Davis School District; Family Counseling Service of Northern Utah; Intermountain Health; Holy Cross Hospital - Davis; Lakeview Hospital; Utah Department of Veteran and Military Affairs; Utah Health Policy Project/Take Care Utah
5A. Support efforts to increase participation in data collection.	Davis Behavioral Health; Davis HELPS; Davis County Health Department; Utah State University Extension

Plan 2: Preventing abuse

Vision: A safe and connected Davis County community actively preventing all forms of abuse across the lifespan.

Adverse Childhood Experiences (ACEs) and Trauma were a priority in the *2019-2023 Davis4Health Community Health Improvement Plan (CHIP)*. Community partners raised awareness of ACEs and encouraged individuals, agencies, and the community to become trauma-informed. Focus on preventing abuse is a continuation of this past priority. This plan addresses abuse as one known root cause of poor mental, emotional, and social well-being.

The Abuse Prevention Workgroup convened in September 2022 to better coordinate, align, and create an abuse prevention strategic plan for Davis County. They began developing the strategic plan by participating in a societal change training and reviewing existing abuse and violence prevention logic models in both Utah and the U.S. When selecting strategies for the *CHIP*, the workgroup reviewed evidence-based strategies from a variety of technical packages produced by the Centers for Disease Control and Prevention (CDC) with a prevention focus. Workgroup members selected strategies based on what would be realistic and effective in Davis County. In 2023, A Bolder Way Forward was created to help Utah women and girls thrive. This statewide movement is addressing 18 areas, including abuse and violence. Expert leaders have been recruited to create coalitions to move this work forward with measurable goals and checkpoints in 2026 and 2030. This initiative will enhance what is happening at the county level to prevent abuse and violence.

Situation

Abuse and violence occur in Davis County in many forms and to people of all ages. Violence is the intentional use of physical force or power, threatened or actual, that either results in or has a high likelihood of resulting in injury, death, poor mental health, delayed development, or hardship. This can be directed at oneself, another person, or against a group or community (WHO, n.d.). A combination of risk and protective factors make experiencing violence or committing acts of violence more or less likely to occur. Societal risk factors associated with violence include cultural norms that support aggression toward others; harmful norms toward masculinity and femininity; and media violence. Violence and abuse are preventable (CDC, 2022).

Understanding the scope of abuse is difficult since it is underreported for many reasons that include: fear, not being believed, not knowing where to report, family disruption, retaliation, and not recognizing the signs of abuse. According to the National Crime Victimization Survey, more than 2 out of 3 sexual assaults in the U.S. go unreported (RAINN, 2015-2019) and nearly half of intimate partner violence and domestic violence victimizations were not reported to police (NCVS, 2022).

In Davis County, nearly 1 in 2 adults reported experiencing some form of abuse (physical, sexual, or emotional) in childhood (before age 18) and 65.1% of Davis adults reported experiencing at least one ACE (BRFSS , 2022; BRFSS, 2022). ACEs are major childhood traumas that occur before age 18, including neglect, abuse, and household challenges. This trauma causes toxic stress which disrupts a child's developing brain and can lead to risky health behaviors, chronic health conditions, low life potential, and early death. Toxic stress is extreme, frequent, or extended activation of the body's stress response (CDC, 2023).

The impacts of abuse are far reaching. Victims may suffer physically, mentally, socially, and financially. One report estimates the individual financial lifetime cost of childhood sexual abuse to be $282,734 (Saprea, n.d.). Refer to Appendix 9 for more information on how child sexual abuse may affect individuals across the social determinants of health. Abuse not only impacts the individual, but society as a whole. Societal impacts include the cost of medical care, criminal justice, social services, and law enforcement. Prevent Child Abuse America estimates $220 million per day as the cost to society from child abuse and neglect (Prevent Child Abuse America, n.d.). In Utah, the impacts of child sexual abuse cost the state $1 billion annually (The Policy Project, n.d.).

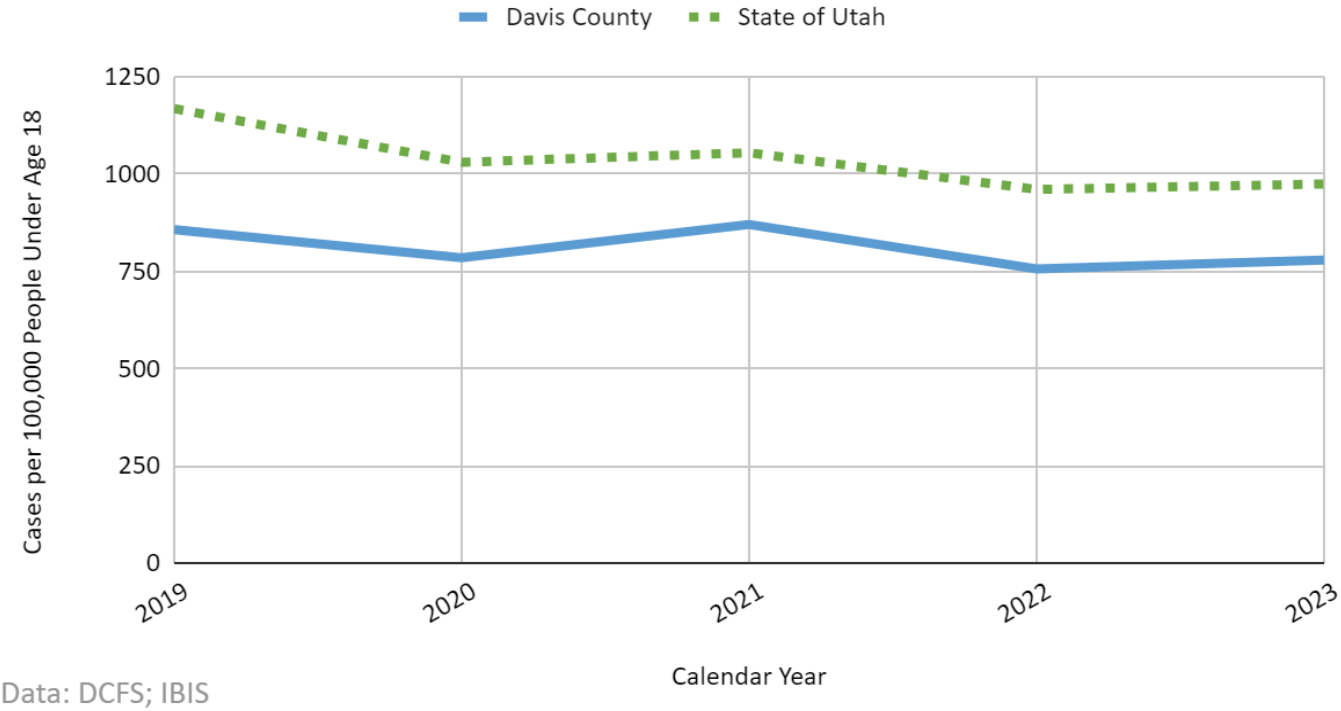
Child Abuse

Child abuse is any recent act or failure to act on the part of a parent or caretaker which results in death; serious physical or emotional harm; sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm (HHS, 2014).

While there is risk for children of all ages, children are most vulnerable to abuse between the ages of 7 and 13. Children with disabilities are three times more likely to be victims of sexual abuse and children of single parents with live-in partners are eight times more likely to experience abuse (UWLP, 2019).

Figure 19 below shows rates of supported cases of child abuse in Davis County and Utah from 2019 to 2023 (DCFS, 2024; IBIS, 2019-2022). **"Supported"** means that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred based on the evidence (Utah Code 80-1-102, 2023). In 2023, the Davis County rate was 778.9 cases per 100,000 children under age 18, whereas the Utah rate was 974.5 cases per 100,000 children. Davis County rates of abuse have consistently been lower than the State's rates while following the State's trends over time.

Figure 19: Rates of Supported Cases of Child Abuse, 2019-2023



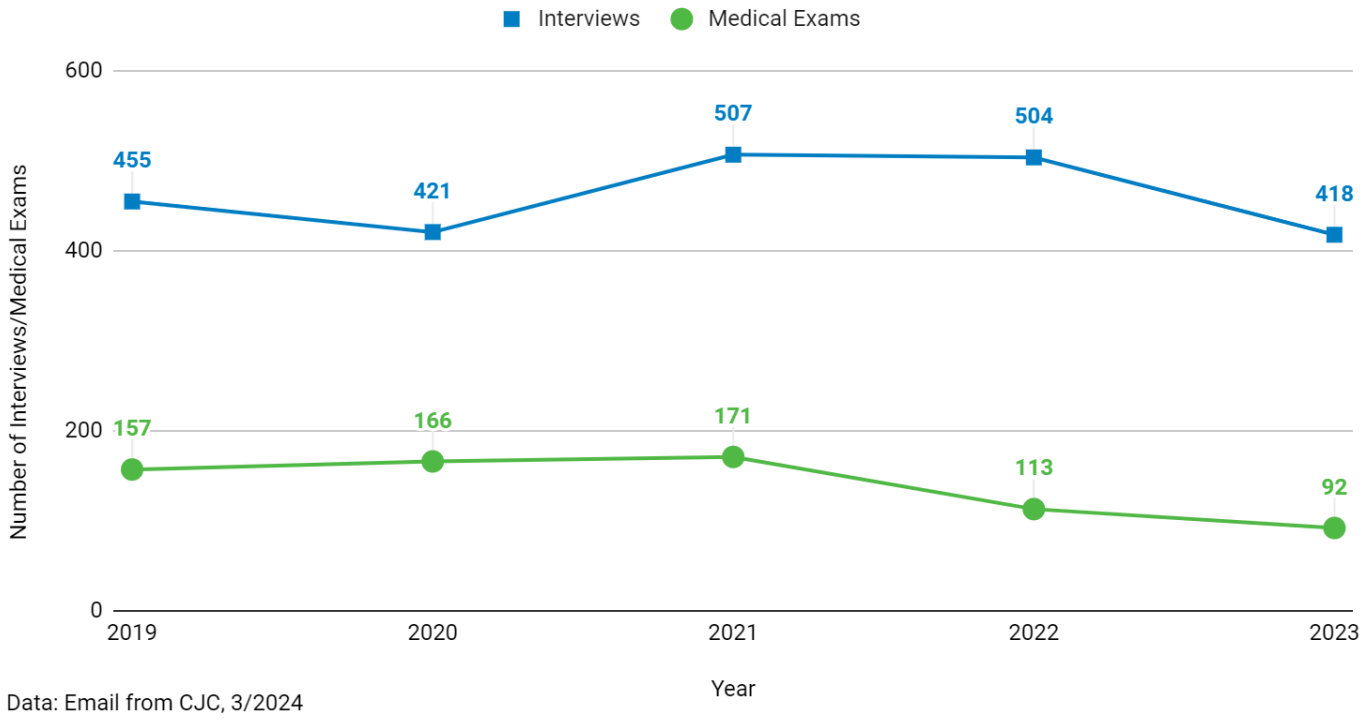
Data: DCFS; IBIS

The Utah Division of Child and Family Services (DCFS) receives and investigates reports of child abuse and neglect. For 2023, the most common types of abuse among supported cases were domestic violence-related child abuse, child endangerment, sexual abuse, other neglect, and physical abuse. Additionally, DCFS noted that substance use was the main reason children were removed from their home. Utah law requires any person that suspects child abuse or neglect to report their suspicions to law enforcement or DCFS. The majority of referrals in 2023 came from law enforcement, followed by schools, family, and health services (DCFS, 2024).

The Davis County Children's Justice Center (CJC) was established to serve victims of alleged physical and sexual abuse under age 18. The CJC offers a child-friendly environment for child victims of crimes to be interviewed by a forensic interviewer and have a medical exam performed. They also provide children who have been abused and their families with referrals for support services, such as therapy, medical care, and victim resources.

Figure 20 below shows the number of interviews and medical exams the CJC conducted from 2019 to 2023. In 2023, 418 child interviews were held at the CJC and 92 medical exams were conducted (CJC email, 2024). CJC has also expressed an increased need for services for internet child sexual exploitation, a growing concern in Utah and across the U.S.

Figure 20: Children's Justice Center Interviews & Medical Exams from 2019-2023



Data: Email from CJC, 3/2024

Head Start, an early childhood education provider in Davis County that serves low-income families, collects information regarding violence in students' homes. For the 2022-2023 school year, 576 intakes were completed. Of those, 131 families reported experiencing domestic abuse, 45 had current DCFS involvement, and 98 reported experiencing homelessness (Head Start email, 2024).

Elder Abuse

Elder abuse is the intentional act or failure to act by a caregiver or other individual in a relationship involving an expectation of trust that causes or creates a risk of harm to an individual age 60 or older. Common types of elder abuse include physical, sexual, financial, emotional or psychological, and neglect (CDC, 2021). According to Utah law, if a person suspects a vulnerable adult is being abused, neglected, or exploited, they are required to report their suspicions to law enforcement or Adult Protective Services (APS, n.d.). Vulnerable adults include people over age of 65 since they may experience sensory impairments, cognitive disorders, or mobility limitations (CDC, 2012).

Unfortunately, many cases of elder abuse go unreported. An assessment conducted in 2020-2021 gives the top reasons why Utahns do not report elder abuse. They include:

- Fear of retaliation/fear for safety
- Not knowing what Adult Protective Services (APS) or law enforcement would do
- Perpetrator is a family member
- Not wanting to get a family member in trouble
- Wanting to resolve the issue themselves or with the help of family/friends
- Feeling embarrassed/ashamed (Snyder & Schiwal, 2020-2021)

In 2023, APS received 1,128 reports of elder abuse in Davis County, which is an increase from 736 reports in 2021. As a result, 357 cases were opened and 5.9% of cases were supported. All types of abuse were reported; the three most common allegations were financial exploitation, caretaker neglect, and emotional abuse. The average age of the victim was 65 years (APS, 2023).

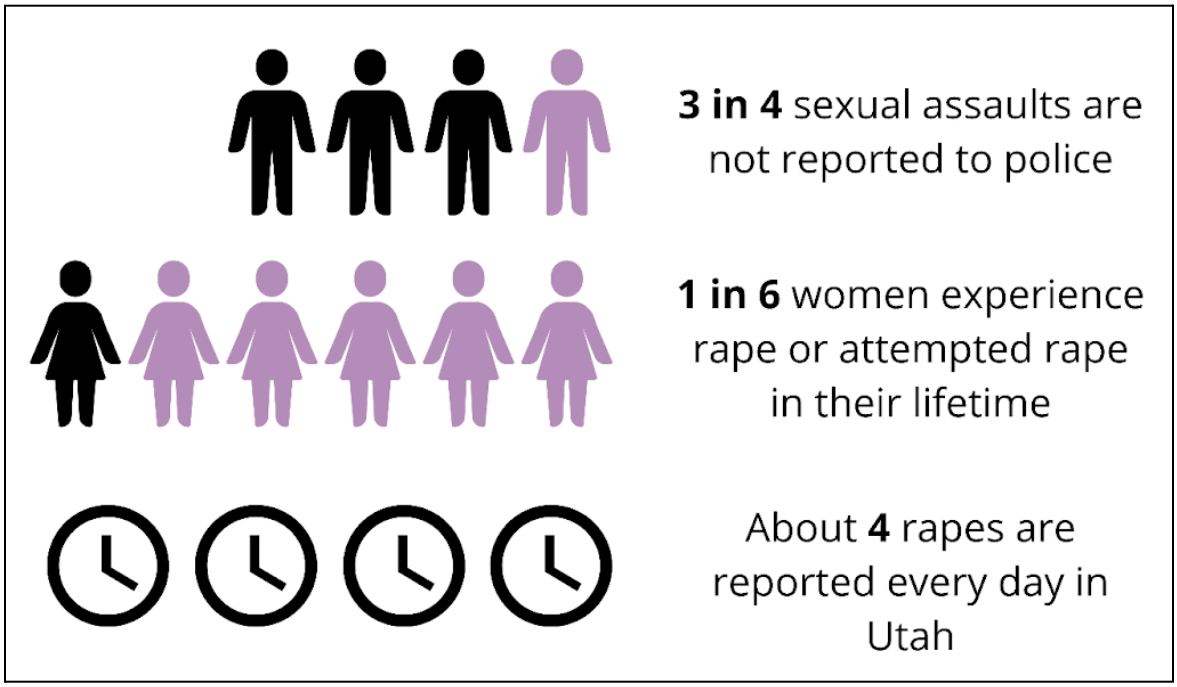
Sexual Abuse

Sexual abuse affects people of all ages, genders, and backgrounds (refer to Figure 21 on page 62). Nearly 1 in 3 women will experience some form of sexual violence during their lives (UWLP, 2022). **Sexual assault** is defined as any form of forced or coerced sexual contact without consent, including - but not limited to - rape, incest, molestation, oral sex, harassment, lewdness, forcing a person to take sexual pictures, or unwanted touching.

Utah Department of Health and Human Services (UDHHS) reports:

- In 2018, 11% of Utah adults said someone either had sex or tried to have sex with them without consent
- 3 out of 4 sexual assaults go unreported to police
- Half of those arrested for sexual violence perpetration are under the age of 25
- Those with a history of sexual violence have significantly worse health outcomes
- In Utah, populations that experience an increased risk of sexual violence include those who identify as a lesbian, gay, or bisexual; are from a low-income household; or do not have a college degree (UDHHS, 2018)
- While sexual violence is common, it is also preventable through primary prevention strategies and policies (UDHHS, 2021)

Figure 21: Utah Sexual Abuse Data, 2018



Rape is a specific form of sexual assault and is defined in Utah as sexual intercourse without the victim's consent (Utah Code 76-5-402, 2022). Data indicates that 1 in 6 women and 1 in 25 men experience rape or attempted rape during their lifetime. Rape is the only violent crime that Utahns experience at a higher rate than the national average, which has been the case for many years (Mitchell & Peterson, 2020). On average, in 2020, one rape was reported every 6.75 hours in Utah (DPS, 2020). Davis County's rate of rape is 34.8 cases per 100,000 adults, which is lower than the State rate of 39.6 (IBIS, 2018-2020). In 2022, Utah police departments reported 1,917 rape incidents, with 8% of those being reported in Davis County. The majority of rape victims were female (95%) and the majority of rape incidents occurred at the victim's residence by an acquaintance (FBI CDE, 2022).

National research estimates that 8 out of 10 rape victims report they were first raped before they turned 25 and 4 out of 10 rape victims report they were first raped before their 18th birthday (IBIS, 2021).

A 2021 survey of Utah high schoolers reported the following:

- 7.7% of high schoolers experienced forced sexual intercourse
- 14.8% of high schoolers experienced sexual violence in the last 12 months
- 9.7% of students who dated in the last 12 months experienced sexual dating violence one or more times (CDC, 2021)

For the 2021-2022 school year, Davis School District (DSD) students had the following Safe Schools Policy infractions: 325 sexual harassment, 254 sexting, and 23 sexual assault. They report that violations of a sexual nature are increasing among students (DSD email, 2021-2022).

Community Assets

The Abuse Prevention Workgroup has primary responsibility for the Preventing abuse action plan of Priority 1.

Abuse Prevention Workgroup

The Davis County Abuse Prevention Workgroup (refer to image below) was formed in September 2022 to coordinate abuse prevention efforts, create a prevention strategic plan, align resources, and increase collaboration. The workgroup developed this strategic plan and provides ongoing input and direction. The committee is chaired by DCHD staff and consists of community-based organizations from various sectors. The workgroup stays current on what is happening statewide in order to align and support efforts. Meetings are held monthly at the Memorial Courthouse in Farmington.

Workgroup members include:

- AARP
- Adult Protective Services
- Children's Justice Center
- Davis County Domestic Violence Coalition
- Davis County Health Department
- Grandfamilies
- Head Start
- Hill Air Force Base
- Safe Harbor
- Saprea
- The Church of Jesus Christ of Latter-day Saints

Statewide Initiatives

There are major initiatives underway in Utah to address abuse and violence at a systems level. They are listed below.

- A Bolder Way Forward, Utah Women & Leadership Project
- Prevent Child Abuse Utah
- Saprea
- The Safe Child Project, The Policy Project
- Utah Coalition for Protecting Childhood
- Violence and Injury Prevention Program, Utah Department of Health and Human Services

Strategies

For Plan 2: Preventing abuse, there are four strategies:

- Strategy 1: Advance healthy relationship initiatives
- Strategy 2: Promote social norms that protect against violence, abuse, and adversity
- Strategy 3: Support the community to recognize, intervene, and respond to abuse
- Strategy 4: Identify and collect Davis County abuse and violence data

Strategy 1: Advance healthy relationship initiatives

Healthy relationships are critical to preventing abuse and building connections. Understanding and promoting expectations for healthy, non-abusive relationships and building skills in these areas can reduce the risk for perpetration and victimization of interpersonal violence (CDC, 2017).

Strategy 1 contains three goals with six objectives:

Strategy 1: Advance healthy relationship initiatives			
Goals	**Objectives**	**Time Target**	
		2026	2030
1A. Assess current & evidence-based healthy relationship curriculums	Assess healthy relationship curriculums being offered in Davis County	x	
	Increase collaboration between healthy relationship course providers to extend the reach of curriculums across populations & settings	x	
	Expand reach of healthy relationship curriculum		x
1B. Promote healthy relationship principles across the lifespan	Promote evidence-based healthy relationship curriculums in a variety of community settings	x	
	Provide healthy relationship classes in languages other than English		x
1C. Strengthen families & caregivers throughout the lifespan.	Promote resources that strengthen families & caregivers throughout the lifespan	x	

This strategy seeks to advance healthy relationship initiatives in Davis County by assessing and promoting current healthy relationship curriculums. An assessment of curriculums offered in the county will be conducted. This will help to understand the various curriculums available, program content, locations where programs are taught, languages available, priority audience, etc. In an effort to increase participation, curriculums will be promoted to key audiences, including worksites and faith communities. Additionally, healthy relationship curriculum providers will be encouraged to collaborate to further increase reach across populations and settings.

Healthy relationship initiatives aim to improve interpersonal connections with tools to build happier, healthier, and safer relationships. This strategy reinforces the CHIP motto: **Connection is the key. Resilience is the outcome.**

Strategy 2: Promote social norms that protect against violence, abuse & adversity

Social norms are the unwritten rules and expectations that guide behavior and interactions within a society or group. They dictate how individuals should behave, dress, communicate, and interact with others in various social settings (DCHD, 2023). Social norms can lead people to accept abuse and violence (e.g. gender norms, corporal punishment, witnessing violence). In order to influence social norms, people need to be aware that:

- Abuse and violence are issues in our community
- There are many types of abuse
- All ages are susceptible
- Abuse and violence are preventable

Two goals and five objectives were identified for Strategy 2:

Strategy 2: Promote social norms that protect against violence, abuse & adversity			
Goals	**Objectives**	**Time Target**	
		2026	2030
2A. Increase community awareness that abuse happens & that it is preventable	Train community members to teach abuse prevention in Davis County	x	
	Two abuse prevention classes will be taught every year in Davis County by trained community educators		x
	Advocate for child sexual abuse & human trafficking prevention & awareness curriculum in elementary schools	x	
	Increase number of Davis School District elementary students receiving child sexual abuse & human trafficking prevention & awareness curriculum in elementary schools		x
2B. Promote evidence-based healthy sexual development materials to parents & the community	Provide parents & community healthy sexual development materials & curriculum through social media, resource directory, community presentations, etc.	x	

A group of adults in the community will be trained to teach abuse prevention classes. At least two abuse prevention classes will be offered annually by a trained facilitator. These classes will be open to parents and adults where they will learn how to reduce the risk of abuse for children and youth.

Children and youth can also be armed with tools to keep themselves safe by recognizing, resisting, and reporting child abuse (Prevent Child Abuse Utah, n.d.). This can be accomplished through prevention education in schools. The Safe Child Project is leading a statewide policy recommendation to provide sexual abuse prevention education to elementary students through SB205 proposed during the 2024 legislative session. The workgroup will support the efforts of The Safe Child Project in an effort to increase the number of Davis County elementary school students receiving child abuse and human trafficking prevention and awareness curriculum.

Preventing abuse also involves providing parents with developmentally-appropriate materials to discuss healthy sexual development with their children. Teaching children about healthy sexuality is a key way to reduce the risk of child sexual abuse (Saprea, n.d.). Evidence-based healthy sexual development materials will be identified and promoted to parents and the community through a variety of channels.

Strategy 3: Support the community to recognize, intervene & respond to abuse

When abuse happens, it is important for community members to know how to recognize it and respond appropriately. This involves educating the community on different types of abuse, how to respond in appropriate ways, how to lessen harms of those impacted, and refer to appropriate resources. Community leaders may be the first point of contact for a victim; this could be a faith leader, law enforcement, parent, caregiver, etc. A focused effort will be placed on educating community leaders on how to identify abuse, respond in ways that do not re-traumatize the victim, and know what resources are available.

Strategy 3 involves two goals and four objectives:

Strategy 3: Support the community to recognize, intervene & respond to abuse			
Goals	**Objectives**	**Time Target**	
		2026	2030
3A. Educate the community on how to recognize & respond to abuse	Provide community leaders (e.g., faith leaders, law enforcement, parents, caregivers, justice system & general public) with information & resources on how to identify abuse, respond in appropriate ways, lessen harms of those impacted & refer to resources		x
	Update violence, abuse & trauma resources & services across the lifespan	x	
	Promote financial exploitation trainings for older adults	x	
3B. Abuse is reported to appropriate authorities	Educate community on Utah's mandatory reporting law & where to report abuse	x	

An abuse, violence, and trauma resource list is available in the 2019 Violence, Abuse & Trauma Assessment. The resource list was updated in December 2023. The resources will continue to be updated and shared with the community to increase awareness of the resources available.

Financial exploitation is a growing concern in our community and around the U.S. It is the illegal or improper use of an elderly or adult with a disability's money, property, or other resources for monetary or personal benefit, profit, or gain (DOJ, n.d.). Older adults are targeted and vulnerable to this type of abuse since they may have financial resources, experience isolation, and seek connection with others. There are a variety of financial exploitation trainings available which will be promoted in an effort to reduce financial exploitation in our community.

Utah's mandatory reporting law requires any person who has reason to believe that a child has been subjected to abuse or neglect to immediately notify the nearest office of Child and Family Services, a peace officer, or a law enforcement agency (Utah Policy, 2022). The workgroup will educate the community on the mandatory reporting law and where to report abuse.

Strategy 4: Identify & collect Davis County abuse & violence data

Identifying reliable data sources and acquiring county data where possible is important in understanding abuse and violence in Davis County.

Two goals and two objectives were created for Strategy 4:

Strategy 4: Identify & collect Davis County abuse & violence data			
Goals	**Objectives**	**Time Target**	
		2026	2030
4A. Gather & establish county baseline data on abuse & violence.	Identify Davis County data for abuse & violence	x	
4B. Explore opportunities to measure social norms that protect against abuse & public perceptions related to abuse	Establish social norms data related to abuse for Davis County		x

Barriers to accessing accurate data include siloed reporting systems and separate incident coding by law enforcement agencies (UWLP, 2023). Improving local level data collection and reporting will help to better understand the extent of abuse and violence. Statewide performance measures will be considered as well.

Opportunities will be explored to measure social norms that protect against abuse and violence and public perceptions related to abuse. A statewide survey was conducted in the fall of 2023 by the Utah Women & Leadership Project to establish a baseline of public perceptions related to the awareness, understanding, and attitudes around challenges that Utah women and girls face (UWLP, 2024). Some areas addressed in the survey included child sexual abuse, domestic violence, and sexual assault. Where possible, the results will be used to establish baseline data for Davis County.

Partners with Responsibility for Goals

This table shows Davis4Health partners who took responsibility for goals they can help accomplish in Plan 2.

Plan 2: Preventing abuse	
Goals	**Partners with Responsibility**
1A. Assess current & evidence-based healthy relationship curriculums	Abuse Prevention Workgroup; Communities That Care Coalitions; Davis Behavioral Health; Davis County Domestic Violence Coalition; Davis County Health Department; Safe Harbor
1B. Promote healthy relationship principles across the lifespan	Abuse Prevention Workgroup; Communities That Care Coalitions; Community & Economic Development; Davis Behavioral Health; Davis County Health Department; Davis School District; Head Start; Lakeview Hospital; Safe Harbor; Saprea; The Church of Jesus Christ of Latter-day Saints; Utah State University Extension/Healthy Relationships Utah
1C. Strengthen families & caregivers throughout the lifespan	Abuse Prevention Workgroup; Communities That Care Coalitions; Davis Behavioral Health; Davis County Department of Workforce Services; Davis County Health Department; Davis School District; Head Start; Saprea; The Church of Jesus Christ of Latter-day Saints
2A. Increase community awareness that abuse happens & that it is preventable	A Bolder Way Forward; Abuse Prevention Workgroup; Community & Economic Development; Davis County Domestic Violence Coalition; Davis County Health Department; Davis School District; Head Start; Lorene Kamalu (Commissioner); Safe Harbor; Saprea; The Church of Jesus Christ of Latter-day Saints
2B. Promote evidence-based healthy sexual development materials to parents & the community	Abuse Prevention Workgroup; Davis County Health Department; Davis School District; Saprea
3A. Educate the community on how to recognize & respond to abuse	A Bolder Way Forward; Abuse Prevention Workgroup; Davis County Health Department; Lorene Kamalu (Commissioner); Utah Department of Veteran & Military Affairs; Safe Harbor; Saprea; The Church of Jesus Christ of Latter-day Saints
3B. Abuse is reported to appropriate authorities	Abuse Prevention Workgroup; Davis County Health Department; North Region Quality Improvement Coalition
4A. Gather & establish county baseline data on abuse & violence; consider statewide performance measures	A Bolder Way Forward; Abuse Prevention Workgroup; Davis County Health Department; Davis School District
4B. Explore opportunities to measure social norms that protect against abuse & public perceptions related to abuse	A Bolder Way Forward; Abuse Prevention Workgroup; Davis County Health Department; Davis School District; Saprea

Priority 2: Improving access to resources & services

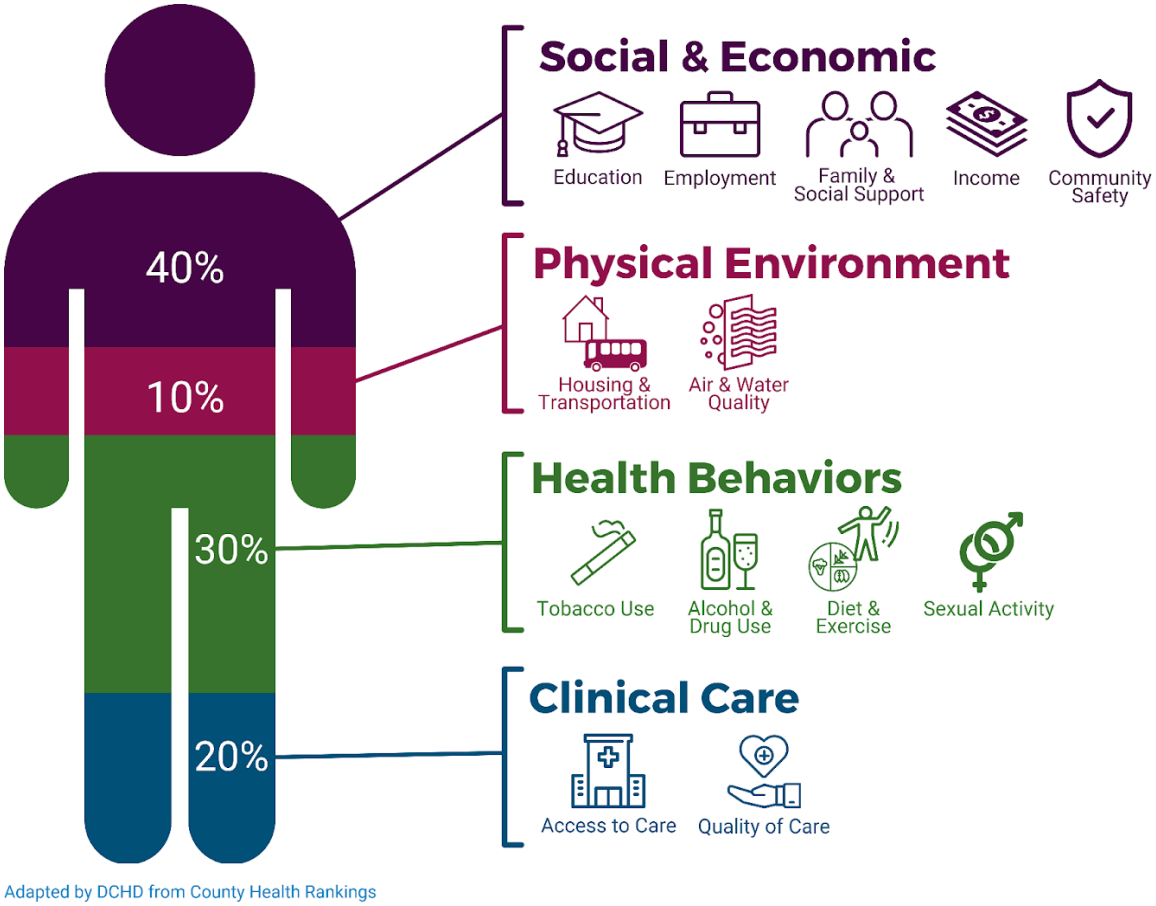
Improving access to resources and services is a top priority for Davis County. **Resources** refer to products, practices, amenities, information, and institutions.

The COVID-19 pandemic shed greater light on the need for increased community support. Throughout the pandemic, families in Davis County faced challenges related to finances, housing, child care, employment, and more. Historically underserved and underrepresented community members were more affected, further widening existing health disparities (Healthy People 2030, 2023).

Social Determinants of Health are the conditions in the environments where people live, learn, work, play, worship, and rest that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Improving access to resources and services addresses the **social determinants of health**, including social and economic factors. This approach impacts multiple health outcomes and helps everyone have the opportunity to live their healthiest life. Strategies to improve social and economic factors have a greater impact on health over time than those directed at changing behaviors because they affect the experiences, choices, and resources that are available in a community. Figure 22 shows examples of health factors, including social determinants of health.

Figure 22: Factors that Influence Health



Adapted by DCHD from County Health Rankings

Plan 3: Improving access to resources & services

Vision: All community members are able to meet their needs for well-being.

Access to behavioral health services has been a priority in the previous two Community Health Improvement Plans (2014-2018 and 2019-2023). As a result, community partners have reported increased coordination of behavioral health services and increased capacity for mental health services, which have improved access to care.

The plan described here represents a much wider scope than prior plans for improving access, and aims to promote as many community services and resources as possible by linking systems, sectors, and agencies.

Situation

The following data and community conditions have been identified, providing rationale for the plan of action.

Davis Resource Network Current Conditions

- Many resources and services are offered in Davis County.
- Agencies are working together to connect people to resources.
- Agencies are hiring additional staff to help connect clients with resources and assist them in meeting their basic needs.
- No comprehensive county directory of services exists, although several platforms at both state and national levels contain some of them.
- Staff in many agencies are developing lists and systems to make referrals, often leading to duplication of efforts.
- It is time consuming to keep resource lists up-to-date, and partners are unaware of whose resource list is the most current and inclusive.
- A variety of resource centers (physical locations) exist to connect community members to resources.
- Davis Links is a successful county networking and resource sharing forum for the **community connectors** (Davis4Health, 2023).

Davis resource network is a broad term encompassing the agencies, staff, services, and centers that are part of the system of resources for community members. This term will be replaced with an official name once system partners have named and branded the network.

Community Connectors are trusted individuals who link people to resources and services in an effort to improve their quality of life.

2023 Davis County Community Equity Assessment

In 2022, Davis County Health Department, in partnership with Davis4Health, conducted community focus groups with historically underserved and underrepresented community members. The results are published in the *2023 Davis County Community Equity Assessment*. The assessment highlighted the importance of, and need for, better access to resources and services locally. That same theme is reiterated in nearly every partner meeting and in ongoing conversations with health and human service providers.

Focus group participants desired more awareness of what is available and how to access resources and opportunities for their success, survival, and well-being. They shared experiences of trying to find services but having difficulty knowing how or where to look.

Based on the collection of experiences and stories in the *Community Equity Assessment*, common barriers experienced by community members when accessing services in Davis County were identified, which include:

- Affordability
- Awareness
- Language
- Location and transportation
- Stigma
- Systems and policies
- Disability accommodations

The results of the assessment led to specific recommendations being made for developing policies, systems, and structures in Davis County. Recommendations for improving access to resources and services were identified for these categories:

- Address system barriers
- Improve information sharing
- Improve housing access
- Improve food access
- Improve transportation access
- Improve healthcare access
- Increase opportunities for community involvement
- Reduce stigma
- Encourage community engagement (involvement in decision-making)

More information about barriers and recommendations can be found in the *2023 Davis County Community Equity Assessment*.

Another theme among focus group participants was the need for a location where all available resources can be found and where people can get help navigating complicated systems. It can be difficult to access or learn about existing resources when they are spread across agencies, and sectors, and are in different formats. Depending on the type of service or resource, access may be online, in person, over the phone, or at a physical location, such as a resource center. Many people, especially those who have immigrated to the U.S., often have a difficult time knowing what they qualify for and applying for needed services.

The community is interested in and believes there would be great value in having a central location where people could go to ask questions, get help completing forms, receive translation services, and be connected to the services and resources they need (DCHD, 2023).

Language & Communication Barriers

Language barriers hinder communication, significantly impacting access to resources and services, including receiving preventative care and mental healthcare and understanding health information (Healthy People 2030, n.d.). For example, Spanish-speaking focus group members shared experiences with not knowing what resources were available to them because resource promotion and assistance were not available in their native language.

In Davis County, 9.5% of people over the age of five speak a language other than English in their home. Of that population, 26.9% speak English less than “very well” (U.S. Census, 2016-2020). More than 20 other languages and dialects are spoken in homes across Davis County.

The 10 most commonly spoken language in Davis County are:

1. English
2. Spanish
3. Chinese (including Mandarin and Cantonese)
4. Portuguese
5. Ilocano, Samoan, Hawaiian, or other Austronesian languages
6. French (including Cajun)
7. German
8. Tagalog (including Filipino)
9. Vietnamese
10. Thai, Lao, or other Tai-Kadai languages

While there has been little coordination at the county level to address language barriers, many Davis County employers list Spanish as a desired skill when hiring, and organizations are making efforts to have documents available in Spanish. Partners report challenges with providing translation services, although many use technology to help fill this gap. Some examples include: Language Link, Propio ONE, Say Hi Translate, Google Translate, Jeenie, and Linguistica. Community organizations are interested in coordinating resources to more adequately meet language needs, such as through sharing agreements. People with cognitive, mobility, hearing, independent living, visual, and self-care disabilities face significant communication barriers that impact their ability to access resources and services. Each disability is defined as follows (U.S. Census, n.d.):

- **Cognitive disability:** difficulty remembering, concentrating, or making decisions
- **Mobility disability:** difficulty walking or climbing stairs
- **Independent living disability:** difficulty doing things alone such as going to appointments and grocery shopping
- **Hearing disability:** deaf or having difficulty hearing
- **Vision:** blind or having difficulty seeing
- **Self-care:** difficulty bathing or dressing

Refer to Data Table 1 for disability type and prevalence in Davis County. Communication methods for those with varying disabilities should be included in a language and communication access plan.

Data Table 1: Davis County Population With a Disability by Type

Disability Type	Davis County
Cognitive	4.0%
Mobility	3.9%
Independent Living	3.4%
Hearing	2.9%
Vision	1.5%
Self-Care	1.3%

Data: U.S. Census, 2016-2020

Community Well-Being Index

The Community Well-Being Index (Sharecare, 2022) provides county rankings for 10 dimensions:

- Community satisfaction
- Economic security
- Finances
- Food access
- Healthcare access
- Housing and transportation
- Personal purpose
- Physical health
- Resource access
- Social relationships

Davis County scored above the national average in 8 of the 10 dimensions and below the national average in the following areas:

- **Healthcare access:** the ability of community members to find healthcare resources or facilities easily; Davis County ranks 5th among 29 Utah counties for this dimension of well-being
- **Resource access:** the availability of key community resources like libraries, churches, and senior employment; Davis County ranks 25th among 29 counties in Utah for this dimension of well-being

Data from community focus groups and healthcare provider ratios also reinforce these two areas as opportunities for improvement (DCHD, 2022; CHR&R, 2022).

Community Assets

Two groups have primary responsibility for Priority 2: the Davis County Human Services Directors Committee and Davis Links.

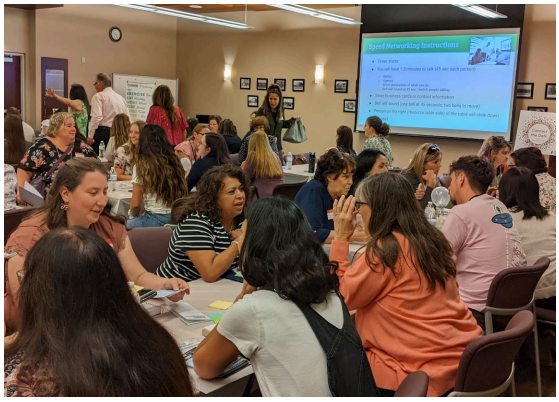
Human Services Directors Committee

The Human Services Directors Committee (refer to image below) provides input on priority areas; communicates gaps in services and resources; identifies challenges and opportunities; receives training; and collects and shares data that impacts human services priorities. Committee members are invited to participate in coalitions and workgroups for which their organization can add expertise and resources to achieve goals and outcomes. Any interested community partners are invited to participate. The committee meets every other month.

Agencies involved include:

- 211
- Bountiful Community Food Pantry
- Clearfield Job Corps Center
- Davis Community Learning Center
- Davis County Commission
- Davis County, County Grant Administrator
- Davis County Domestic Violence Coalition
- Davis Education Foundation
- Davis School District
- Davis Technical College
- Department of Workforce Services
- Friends for Sight
- Head Start
- Hill Air Force Base
- Holy Cross Hospital - Davis
- Intermountain Health
- Open Doors
- Parent Teacher Association - Health Commissioner
- The Church of Jesus Christ of Latter-day Saints
- Utah State University Extension
- Weber State University - Davis

Davis Links



Davis Links (refer to image right) is a successful county networking and resource-sharing forum for the community connectors. Formed in 2017, the monthly forum is held in-person or virtually and features a topic or training to help build resource awareness and skills. Topic-based forums include a main presenter who gives a brief overview, followed by several community partners who provide resources. There are currently over 150 members. Davis Links is guided by a planning committee composed of community partners serving Davis County. Greater emphasis on training and skill building for community connectors is an identified need. The resource forum's webpage is davislinks.davis4health.org. Participating staff are interested in furthering efforts to improve personal connections with similar personnel.

Agencies involved include:

- 211
- Bountiful Community Food Pantry
- Catholic Community Services of Utah - Refugee Services
- Children's Justice Center
- Clearfield City
- Clearfield Job Corps Center
- Community advocates
- Davis Behavioral Health
- Davis County Community and Economic Development
- Davis County Health Department
- Davis Community Housing Authority
- Davis County Library
- Davis School District
- Davis Technical College
- Department of Workforce Services
- Division of Child and Family Services
- Grandfamilies
- Futures Through Training, Inc.
- Health Choice Utah
- Help Me Grow Utah
- Hill Air Force Base
- Intermountain Health
- Journey Clinic
- Kaysville City
- Kaysville Police Department
- Latinos United Promoting Education and Civic Engagement
- Molina Healthcare
- My Discovery Destination
- NAMI Utah
- Open Doors
- Resolutions Counseling
- Roads to Independence
- People Helping People
- Prevent Child Abuse Utah
- Safe Harbor
- Senior Charity Care
- Sol Recovery Community
- The Children's Center Utah
- The Church of Jesus Christ of Latter-day Saints
- University of Utah Health Plans
- Utah State University Extension
- Utah Courts Second District Juvenile Court
- Utah Department of Health and Human Services
- Utah Health Policy Project
- Utah Housing Coalition
- Utah Pacific Islander Health Coalition
- Utah Parent Center
- Utah Work Incentive Planning Services
- Veterans Affairs
- Waterford Upstart
- Weber High
- Weber Human Services
- Weber State University - Davis
- Weber State University, Care About Childcare

Other Involved Partners

A one-time work session was held during the summer of 2023 (refer to image right) to begin development of the county plan to improve access to resources and services. There were 20 participants representing 10 agencies, including: Bountiful Community Food Pantry, Centerville City, Davis County Commission, Davis County Community Strengthening Network, Davis County Health Department, Davis School District, Department of Workforce Services, Midtown Community Health Center, Open Doors, and The Church of Jesus Christ of Latter-day Saints.

Other existing collaborations, Davis HELPS and Davis Behavioral Health Network, also provided input for the plan.

Existing Resource Locators

Many resource locators exist. Some are topic-specific, and some are population-specific. The locators most used by health and human service providers in Davis County are listed below.

County Resource Directories

- **Behavioral Health Directories**: Several Davis County resource directories can be found at directories.davis4health.org. These include the *Behavioral Health Directory*; the *Spanish Mental Health Directory*; the *LGBTQ+ Resource Directory*; and the *Violence, Abuse & Trauma Resource List*. These directories help clinicians, clients, and the public find treatment options, support groups, classes, and more.
- **Davis4Health Resource Locator**: In 2013, DCHD created an online resource locator focused on active living and healthy eating. Over time, the resource locator expanded to nearly 700 resources for a variety of topic areas, such as behavioral health, recycling, community programs, and more. It can be accessed at davis4health.org. The capabilities of the site cannot be improved upon due to the current platform's out-of-date system.
- **Davis School District Community Resources**: An online list of mental and physical healthcare information and resources including addiction support, advocacy groups, crisis hotlines, support groups, food resources, and more. It can be accessed at davis.k12.ut.us/departments/student-family-resources/community-resources.

State & National Resource Locators

- **211**: A resource network connecting Utahns in need with local health and social services, confidential and available at all times. It is administered by United Way of Utah and can be accessed at 211utah.org.
- **FindHelp**: A resource locator for financial assistance, food pantries, medical care, and other free or reduced-cost help. To learn more, visit findhelp.org.
- **Unite Us**: Closed loop referral platform where participating health and social care providers connect the community to services. It is not accessible to the public.

Strategies

In Plan 3: Improving access to resources & services, there are three strategies:

- Strategy 1: Connect the system (resources, staff, and the public)
- Strategy 2: Utilize technology to develop accessible connection tools
- Strategy 3: Promote resources and services using plain language

Strategy 1: Connect the system (resources, staff & the public)

This strategy is focused on system improvement, which can be thought of in the following ways:

- A **system** is an interconnected set of elements that is coherently organized in a way that achieves something.
- Every well-functioning system is about the relationship between the parts that make it work. The parts themselves need to be in good working order, but alone, they are powerless to achieve the greater goal or purpose. (ABWF, 2024; Crutchfield, 2018)

To achieve this, five goals and 10 objectives were created:

Strategy 1: Connect the system (resources, staff & the public)			
Goals	**Objectives**	**Time Target**	
		2026	2030
1A. Use a systems mapping process to understand 1) how the Davis resource network is functioning & 2) how to enhance connections across systems & agencies	Identify a systems mapping tool/provider & conduct a systems mapping process	x	
	Identify system improvement measures		x
1B. Adopt evidence-based practices to successfully connect the public to resources & services	Document best practices for designing an ideal Davis resource network	x	
1C. Assess & organize Davis County resources & services	Compile community resource lists	x	
	Identify existing resource categories used by partners	x	
	Connect to resources in neighboring communities if not available in Davis County		x
1D. Provide training & support for organizations that are part of the Davis resource network	Develop training content on how the Davis resource network functions & how to make needed connections	x	
	Provide trainings to human services providers		x
1E. Identify, strengthen & connect neighborhood resource hubs	Expand Community Schools in Davis County	x	
	Connect & convene existing neighborhood resource hubs & community centers		x

Efforts will be made to better understand how the system is functioning and how to enhance connections across the system in Davis County. This will involve identifying tools and providers that can help improve systems, including those that impact both *CHIP* priorities. Ecosystem mapping will help pinpoint key places in the system that, when addressed, achieve greater impact and give direction for establishing measures of improvement. Plans include learning from other communities that are succeeding at connecting the community to services.

Connecting community members to existing resources and services reinforces the *Community Health Improvement Plan (CHIP)* motto: **Connection is the key. Resilience is the outcome.**

An estimated 1,000 resources are expected to be compiled and included in a county resource directory. Actions will be taken to ensure that resources to support Priority 1 (mental, emotional, and social well-being, and abuse prevention) are collected and organized. Additional resources mentioned in community focus groups will be compiled for food, healthcare, housing, opportunities for community engagement, and transportation. An effort will be made to connect to resources in neighboring communities as well, especially when there is a service gap in Davis County.

To support the organizations that are part of the system, training content will be developed and used to educate agencies, staff, and the public on how the resource network functions and ways to make needed connections. The training will incorporate the three essential approaches (health equity, protective factors, and trauma-informed care). Training may be provided to administrators of health and human services organizations, the staff serving as community connectors, the public, local government officials, faith leaders, business owners/managers, etc. Training may be offered on a recurring basis for new hires. A train-the-trainer model may be considered so that agencies can train their staff and others.

Some community members have voiced the need for a physical location where they can receive in-person assistance to access services and resources. A variety of resource centers with physical locations can be found in Davis County. Many of them exist to connect community members to resources. Examples of resource centers include student/teen centers, community learning centers, libraries, senior centers, community churches, recreation centers, food pantries, etc. The weekly Reentry Resource Fair for justice-involved individuals is also a type of resource center associated with an event.

Plans include connecting resource centers through an organized network so center directors and staff can benefit from shared standards, best practices, expertise, and personal connections. This system policy recommendation means that agencies would recognize they are part of the network and would be able to connect those they serve to broader services available through the Davis resource network.

The Davis County Community Strengthening Network is currently promoting a model for resource centers. **Family Resource Centers** are places where community members can access resources and connect with other community members. Family Resource Centers are a multi-generational, strengths-based, family-centered approach to strengthening families. The most common services provided are access to resources, child development activities, parent leadership development, and parenting support. The Standards of Quality for Family Strengthening and Support guide the design and operation of Family Resource Centers.

As this plan progresses, there is a desire to expand and designate community resource center locations near the populations that need them most.

Strategy 2: Utilize technology to develop accessible connection tools

This strategy is focused on developing an online resource directory that can be used by community members, service providers, and community connectors. Nationally, these types of platforms are known as social care networks or Social Determinants of Health Referral Networks (KLAS, 2021).

Strategy 2 consists of three goals and 12 objectives:

Strategy 2: Utilize technology to develop accessible connection tools			
Goals	**Objectives**	**Time Target**	
		2026	2030
2A. Evaluate existing online resource connection platforms	Explore resource directory search functions that meet the needs of partners & the public based on how they typically search for resources & services (simplify, reduce barriers)	x	
	Arrange opportunities to learn from administrators & staff of existing online resource directories (211, findhelp.org, etc.)	x	
2B. Produce & maintain an intuitive resource connection tool that incorporates modern technology	Work with Davis County Information Systems to develop an online resource directory	x	
	Engage community partners to pilot the tool to prepare for public launch	x	
	Ensure online resource directory is available in Spanish	x	
	Expand language options available when accessing the online resource directory		x
	Develop formalized processes for adding & updating resources & making referrals across agencies		x
	Identify & explore additional &/or advanced functions desired by partners & users of the online directory		x
2C. Monitor user experience of the resource connection tool	Conduct product testing market research with the public to assess accessibility, ease of use & value of the tool	x	
	Gather service provider feedback to assess whether the tool is meeting their needs	x	
	Collect ongoing user experience data from those accessing the tool	x	
	Make directory analytics available to partners		x

Evaluating well-known resource-sharing and referral platforms, such as 211, FindHelp, and Unite Us, helps identify strengths and limitations of existing technology. Input from partners who use the platforms in addition to meetings with platform administrators and representatives can help determine needed search function capabilities. Workgroup members also will learn from experience by exploring and using the websites and apps. Partnerships with existing social care platforms will be explored. The biggest challenge of this project is identifying sustainable funding sources for ongoing costs for the technical services needed to maintain the platform.

DCHD, in partnership with Davis County Information Systems, will work together to develop a custom web-based platform or contract with an existing platform. This will involve using software that supports the development of a referral network with ongoing collaboration between organizations, providers, community resources, and the public. To be successful, it will be important for community agencies and organizations to keep their website(s) and contact information current.

Plans include piloting the tool with system partners (Davis Links). The product will have a Spanish option with other language options to follow in the future. It will also incorporate web accessibility features for those with disabilities.

Service providers and community connectors have provided guidance for advanced features and functions they would like to see in the platform. Specific features and functions suggested include: access to analytics; interagency referral system; social determinants of health and eligibility screeners; rating systems; save favorites; directions; appointment scheduler; two-way chat; connect to call center; training videos; etc.

It is essential to collect ongoing customer satisfaction data to learn how the tool is functioning and if desired outcomes are being achieved. Customers include those accessing the community/public website and users of the client/staff website. Access to this data is essential to monitor and measure if the tool is meeting the needs of users and will allow for system improvements.

Strategy 3: Promote resources & services using plain language

This strategy focuses on naming the Davis resource network so that it can be branded and promoted using plain language, leading to widespread public awareness and use of the online resource directory.

Two goals and six objectives were created for Strategy 3:

Strategy 3: Promote resources & services using plain language			
Goals	**Objectives**	**Time Target**	
		2026	2030
3A. Develop branding for the Davis resource network	Choose a name, logo & website for the Davis resource network that conveys the purpose of the directory & that it is a local product	x	
	Create a brand style guide & brand strategy guide, including approved marketing materials for promotion of the resource directory website	x	

Strategy 3: Promote resources & services using plain language (continued)			
Goals	**Objectives**	**Time Target**	
		2026	2030
3B. Produce public education materials & messages to promote the Davis resource network	Develop a marketing plan to maximize community awareness & use of the online resource directory	x	
	Assess how historically underserved groups can best be reached & informed about the resource directory		x
	Develop a language & communication access plan for the Davis resource network		x
	Explore baseline measure & target for widespread public awareness about the Davis resource network	x	

A name, logo, brand style guide, and brand strategy guide will be developed. The brand strategy guide will be especially helpful for identifying plain language that is well-understood by the community and can be used across the system. It helps define scope, tone, and language. The branding guides are essential so that all agencies promoting the network and online connection tool have a unified message and the materials they need for public education.

A marketing plan will be informed by community feedback. For instance, during community focus groups involving community members impacted by health inequities, participants shared they want to be aware of available services and resources, but are not sure where to look for them and have a hard time finding the right resource to meet their need. Participants discussed how they learn about and exchange information in various ways due to differences in personal preferences, technology, culture, age, and ability (DCHD, 2023). Methods of exchanging and learning about information shared in the focus groups included:

- Brochures and other advertisements
- Community or school resource centers, such as at Davis Technical College
- Internet, search engines, webpages, etc.
- Letters and emails from schools
- TV/news
- Mail, such as community newsletters and advertisements
- Organizations, like church and Head Start
- Social media groups, such as Latinos in Utah and Davis County Pride
- Word of mouth within communities

These insights can help guide marketing efforts. Cities, schools, worksites, churches, and service providers will all be included in the marketing plan to ensure widespread awareness about the network.

A language and communication access plan can help address barriers related to language, ability, and culture. Having a document or policy that outlines how to provide services to individuals who are non-English speaking; have limited English proficiency; have disabilities; and/or have other communication needs is a valuable tool for service providers. It is also a tool to alleviate health inequities.

Partners with Responsibility for Goals

This table outlines Davis4Health partners who are responsible for contributing to Priority 2 goals.

Plan 3: Improving access to resources & services	
Goals	**Partners with Responsibility**
1A. Use a system mapping process to understand 1) how the Davis resource network is functioning & 2) how to enhance connections across systems & agencies	Davis County Health Department; Davis Links; Davis School District; Davis County Commission; Davis County Community Strengthening Network; Head Start; National Family Strength Network; Utah Family Strength Network; Utah Division of Child & Family Services
1B. Adopt evidence-based practices to successfully connect the public to resources & services	Davis County Health Department; Davis School District; Davis County Commission; National Family Strength Network; Utah Family Strength Network; Utah Division of Child & Family Services
1C. Assess & organize Davis County resources & services	Davis County Health Department; Davis Links; Davis School District; South Davis Recreation Center
1D. Provide training & support for organizations that are part of the Davis resource network	Communities That Care Coalitions; Davis Behavioral Health; Davis County Health Department; Davis Links; The Church of Jesus Christ of Latter-day Saints
1E. Identify, strengthen & connect neighborhood resource hubs	Davis County Community Strengthening Network; Davis County Health Department; Davis School District; Ed Fila (humanitarian); Head Start; South Davis Recreation Center; Utah State University Extension
2A. Evaluate existing online resource connection platforms	Davis County Health Department
2B. Produce & maintain an intuitive resource connection tool that incorporates modern technology	Davis County Health Department; Davis County Information Systems
2C. Monitor user experience of the resource connection tool	Davis County Health Department; Davis Links; Head Start
3A. Develop branding for the Davis resource network	Davis County Health Department; Davis Links; Holy Cross Hospital - Davis; Intermountain Health
3B. Produce public education materials & messages to promote the Davis resource network	Davis County Health Department; Holy Cross Hospital - Davis; Intermountain Health; Davis County Commission

Cross-Cutting Efforts

There are planned events and efforts not specific to one particular priority. Instead, they make progress towards several goals and objectives throughout the two priorities.

- Priority 1: Improving mental, emotional, and social well-being
- Priority 2: Improving access to resources and services

Four cross-cutting initiatives are highlighted in the table below.

Cross-Cutting Initiatives	Timeline
1. Hold educational opportunities for all sectors to receive training and resources that address both priorities	2028
2. Host an annual Resilience Symposium	Annual
3. Host an annual Equity Forum	Annual
4. Produce "What Can You Do?" one pagers for community members	2026

Initiative 1: Hold educational opportunities for all sectors to receive training & resources that cross-cut priorities

Community education is needed about mental, emotional, and social health; abuse prevention; and how to access resources and services. Learning opportunities for several sectors will be organized where participants can learn about community priorities and resources that are available. The faith community, businesses, law enforcement, and other community sectors will be invited to host and participate in community training and education.

Initiative 2: Host an annual Resilience Symposium

For six years, Davis County has hosted an annual Resilience Symposium (refer to image right). The goals of the symposium are to:

- Build Adverse Childhood Experiences (ACEs) awareness
- Become a trauma-informed community
- Increase self-care

The symposium helps increase participants' knowledge of being trauma-informed. This is one of the three essential approaches of the *2024-2028 Davis4Health Community Health Improvement Plan (CHIP)*. The event also raises awareness of ACEs and increases self-care, contributing to Priority 1. The three symposium goals strive to increase individual and community resilience, which is a desired outcome of the *CHIP* as represented in the *CHIP* motto: **Connection is the key. Resilience is the outcome.**

Initiative 3: Host an annual Equity Forum

For two years, Davis4Health has hosted an annual Equity Forum (refer to images below). The goals of the forum are to:

- Recognize community conditions that are barriers to equity and inclusion
- Connect equity to personal stories, the workplace, and the community
- Connect with each other and with resources and services

The forum is a community engagement opportunity that reinforces the Davis4Health equity approach to address the priorities outlined in the *CHIP*. The event also helps partners align equity efforts.

Initiative 4: Produce “What Can You Do?” messages & materials for community members

Everybody has a role in strengthening protective factors. Plain language messages and materials will be developed to help every community member understand how they can improve mental, emotional and social well-being as well as improve access to resources and services.

Act on What's Important

Partners work together to implement the *Community Health Improvement Plan* (CHIP). Since there are no "one-size-fits-all" blueprints for success, partners build on strengths, leverage available resources, and respond to unique needs as they coordinate actions to improve health. Plan implementation is monitored and an annual report is prepared to document partners' cumulative effort.

Monitoring the Plan

The strategies, goals, and objectives in the *2024-2028 CHIP* reflect how the community intends to influence priority health issues. Community partners set ambitious goals to work toward over a five-year period and beyond. Seventy-six unique objectives are included in the *CHIP*. Objectives can be modified or added upon when needed. The plan is reviewed by workgroups each year to determine if modifications are needed.

Measures are being tracked by Davis County Health Department (DCHD) through a performance management system. Objectives are reported on through progress updates and data collected from community partners. Annual Davis4Health CHIP Progress Reports are prepared as a form of accountability to the community to show that partners are acting on what's important. Annual progress reports can be found on the DCHD Reports and Assessments webpage.

Annual Community Health Improvement Plan Progress Celebration

Each year, an annual health improvement celebration luncheon is held for community leaders and partners. It is an opportunity to acknowledge partners for their contributions and recognize the community's progress toward improving health. The annual progress report is provided to attendees. Highlights are shared and some agencies and initiatives are spotlighted.

Evaluate Actions

Monitoring and evaluating are necessary to determine successes and failures, develop new strategies, and adapt plans to a changing environment. **Monitoring** is the process of observing something over time and checking on its progress or quality. **Evaluating** is a systematic method for collecting and analyzing data to examine the effectiveness and efficiency of policies and programs. Evaluating ongoing efforts helps health improvement partners know if what they are doing is working the way it is intended and achieving desired results.

Partners will use a variety of tools to monitor and measure processes and progress. Evaluation activities will occur throughout the cycle to measure effectiveness, outcomes, and population changes. Systems are in place to conduct process and event evaluations. Many of the proposed evidence-based programs incorporate pre/post tests to measure impact. Mortality and health-related quality of life outcomes will be measured to determine if improvements are being made to overall population health.

Health-related quality of life measures are assessed through national monitoring systems, such as the Behavioral Risk Factor Surveillance System (BRFSS), American Community Survey (ACS), and many more. Local data sources include Utah State University Wellbeing Project, Student Health and Risk Prevention (SHARP) survey, Utah Healthy Places Index (HPI), and others. These data systems will allow for monitoring of health outcomes over time.

Population Health Outcomes

Population health outcomes are the measures used to monitor the big picture, specifically whether collaborative improvement efforts are impacting health trends for the whole county and making a difference. Davis4Health partners discussed many types of measures of interest for this plan, including risk factors, protective factors, and health outcomes. Other related plans at the local, state, and national levels were consulted, and measures in this plan were aligned where possible. Consulted plans include:

- *2019-2023 Davis4Health Community Health Improvement Plan (CHIP)*
- A Bolder Way Forward
- Communities That Care
- Healthy People 2030

Because protective factors impact multiple health outcomes and can relate to multiple priorities, monitoring several shared factors replaced the previous practice of monitoring a few outcomes linked directly to each priority. The outcomes chosen reflect the *CHIP*'s upstream strategies follow on pages 88-90. Additionally, data for some factors, like connection, stigma, and resource access, is limited at the local level.

Population measures for this plan are organized by which factors and outcomes are expected to decrease (refer to Data Table 2 on page 88); those expected to increase (refer to Data Table 3 on pages 89-90), and others which need to be monitored and established (refer to Data Table 4 on page 90) because they are important to health. It is important to note that a trend in either direction may indicate successful impact. Data sources for these measures were selected based on their representativeness of the entire Davis County population and their sustainability for future years. The most recent county-level data available was used to set baselines for each measure. Crude rates were utilized when possible. Measures with no data source available are noted as a gap so that measurement approaches for that topic can be explored over the plan period.

Because this plan focuses upstream, more time is needed to see a population impact. This was also a lesson learned from the previous *CHIP*. For that reason, all targets were set to be achieved by the year 2030.

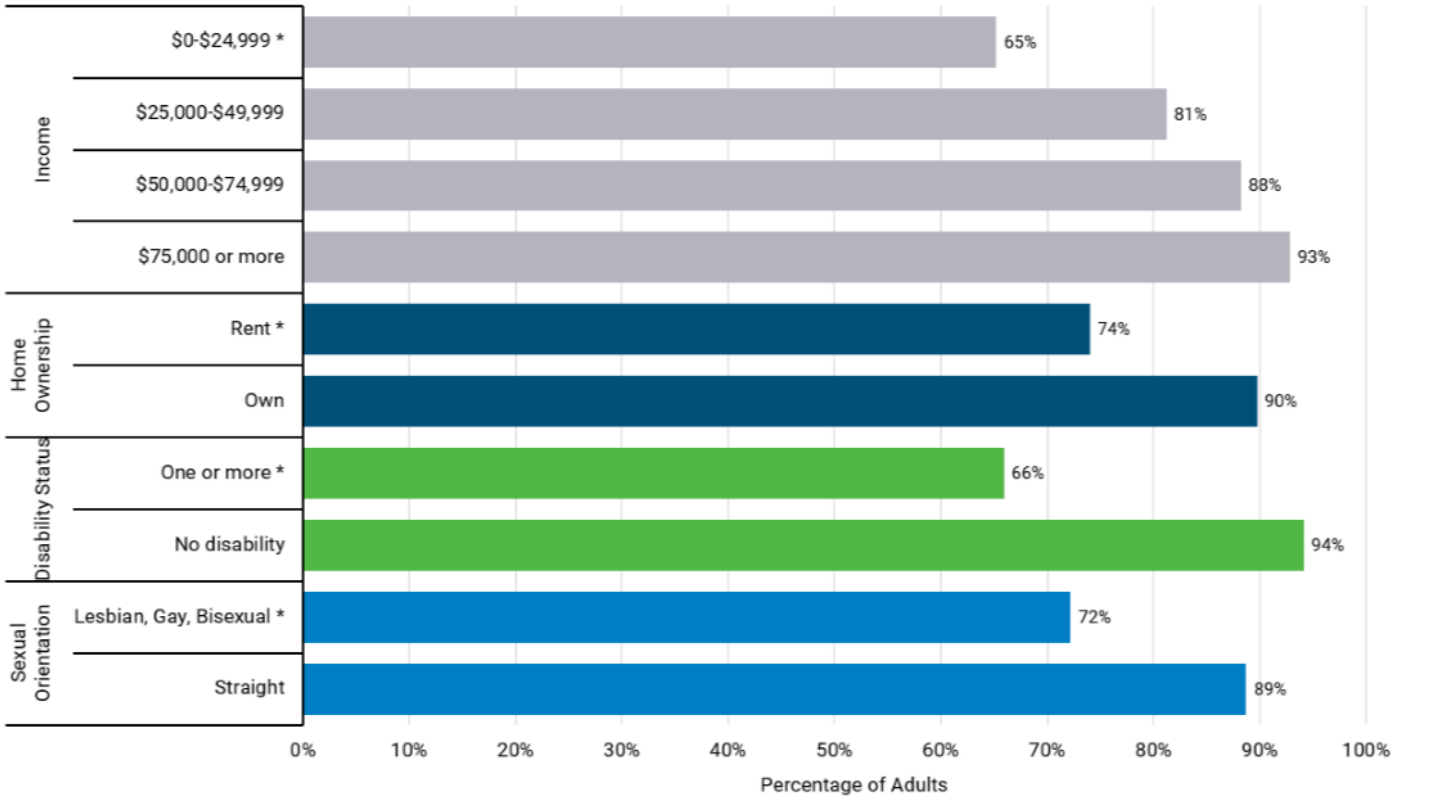
The nature of the data source, baseline value, the goals of other agencies, and past trends informed the setting of targets. Desired targets represent either a(n):

- **Percent change**, which expresses how proportional a change is compared to the original value. This is a way to show how much something has grown or shrunk in relation to its starting value (baseline).
- **Absolute difference**, meaning the actual or raw amount something has changed from baseline.
- **Threshold**, which can be thought of as a reference point or line that should be crossed before a measure is considered successful.

No target was set for measures that will be monitored since a trend in either direction could indicate the impact of an intervention, or not enough past data is available to determine what meaningful change looks like. This is the case for upstream factors, like stigma, and emerging issues, like isolation and connection, that have not been quantified before at the county level. Similarly, access to resources has been measured at the program level, but sources for the population level are lacking.

An example of data for the population measure, overall health status, can be seen below (refer to Figure 23). It shows significant gaps between demographic groups.

Figure 23: Adults Reporting Good to Excellent Overall Health by Demographic Group, Davis County, 2017-2021



Data: IBIS, 2017-2021 (age-adjusted)

* = Significantly lower health status than other categories within the demographic group

Data Table 2: Population Measures to DECREASE by 2030

Topic	Population Measures	Data Source	Baseline Value	Target Value
Commit-ment to School	Decrease the percentage of students with low commitment to school from 48.5% (2023) to 43.5% by 2030.	SHARP	48.5%	43.5%
Economic Stability	Decrease the percentage of Davis County adults reporting they were unable to pay their bills in the past 12 months from 7.5% (2022) to 4.5% by 2030.	BRFSS	7.5%	4.5%
	Decrease food insecurity in Davis County from 7.5% (2021) to 6% by 2030.	Feeding America	7.5%	6.0%
Isolation	Decrease the percentage of Davis County adults who report "Always/Usually" feeling socially isolated from others from 8.2% (2022) to 5.2% by 2030.	BRFSS	8.2%	5.2%
	Decrease the percentage of students in Davis County who "Often" or "Always" felt isolated from others in the past week from 20.0% (2023) to 15.0% by 2030.	SHARP	20.0%	15.0%
Mental Health Conditions	Decrease the percentage of Davis County adults reporting a week or more of poor mental health days per month from 28.1% (2022) to 23.1% by 2030.	BRFSS	28.1%	23.1%
	Decrease the percentage of students in Davis County with depressive symptoms from 42.4% (2023) to 37.4% by 2030.	SHARP	42.4%	37.4%
	Decrease the prevalence of depression among Davis County adults from 28.6% (2022) to 23.6% by 2030.	BRFSS	28.6%	23.6%
Substance Misuse	Decrease regular use of any vaping product among students in Davis County from 3.2% (2023) to 1.6% by 2030.	SHARP	3.2%	1.6%
	Decrease the rate of ED visits due to overdose from any drug in Davis County from 169.9 visits per 100,000 to 164.8 per 100,000 by 2030.	IBIS	169.9	164.8
Suicide	Decrease suicide deaths in Davis County from 19.0 (2020-2022) deaths per 100,000 to 18.4 deaths per 100,000 by 2030.	IBIS	19.0	18.4
	Decrease Emergency Department (ED) visits for suicide in Davis County from 198.2 visits per 100,000 population (2019-2021) to 192.2 visits per 100,000 by 2030.	IBIS	198.2	192.2
	Decrease the percentage of Davis County students who reported attempting suicide in the past year from 6.8% (2023) to 3.8% by 2030.	SHARP	6.8%	3.8%
Violence & Abuse	Decrease child abuse rates among those under age 18 in Davis County by 3% from 801.8 victims per 100,000 children (2021-2023) to 777.7 victims per 100,000 children by 2030.	DCFS	801.8	777.7
	Decrease the annual rate of domestic violence from 262.2 victims per 100,000 population (2023) by 3% to 254.3 victims per 100,000 population by 2030.	DPS; ACS*	262.2	254.3

*Rate was calculated using data from two sources. **Data Notes**: Substance misuse rates do not include alcohol. The Utah Wellbeing Project is not representative of the whole county but does survey cities that account for half the county's population. Although not representative, it is the only known source for local well-being data. **Acronym Key**: Utah Student Health and Risk Prevention (SHARP), Behavioral Risk Factor Surveillance System (BRFSS), Utah's Indicator-Based Information System (IBIS), Utah Department of Child and Family Services (DCFS), Utah Department of Public Safety (DPS), Census American Community Survey (ACS)

Data Table 3: Population Measures to INCREASE by 2030

Topic	Population Measures	Data Source	Baseline Value	Target Value
Access	Increase Davis County's score for Resource Access on the Sharecare Well-being Index from 44 out of 100 (2022) to 45 out of 100 by 2030.	Sharecare Well-Being Index	44	45
	Increase Davis County's score for Healthcare Access on the Sharecare Well-being Index from 53 out of 100 (2022) to 55 out of 100 by 2030.	Sharecare Well-Being Index	53	55
Connection	Increase the percentage of Davis County adults who report "Always/Usually" getting the social and emotional support they need from 77.6% (2022) to 82.6% by 2030.	BRFSS	77.6%	82.6%
	Increase Davis County's score for the Social Dimension on the Sharecare Well-being Index from 67 out of 100 (2022) to 69 out of 100 by 2030.	Sharecare Well-Being Index	67	69
	Increase the average score for Community Connection for each participating Davis County city to 4.00 or higher by 2030.	Utah Wellbeing Project Survey	Bountiful: 3.17 Layton: 3.06 North Salt Lake: 2.92 South Weber: 3.22	4.00
	Increase the percentage of community members reporting "Good" to "Excellent" in the Social Connections Domain of personal well-being to 75% for each participating Davis County city by 2030.	Utah Wellbeing Project Survey	Bountiful: 55% Layton: 56% North Salt Lake: 60% South Weber: 69%	75%
	Increase Davis County's score for the Community Dimension on the Sharecare Well-being Index from 65 out of 100 (2022) to 67 out of 100 by 2030.	Sharecare Well-Being Index	65	67
General Well-Being	Increase the average overall Community Wellbeing score for all participating Davis County cities to 4.00 or higher by 2030.	Utah Wellbeing Project Survey	Bountiful: 3.84 Layton: 3.71 North Salt Lake: 3.63 South Weber: 3.72	4.00
	Increase the average overall Personal Wellbeing score for all participating Davis County cities to 4.25 or higher by 2030.	Utah Wellbeing Project Survey	Bountiful: 4.09 Layton: 4.19 North Salt Lake: 4.08 South Weber: 4.16	4.00
Good Mental Health	Increase the percentage of community members reporting "Good" to "Excellent" in the Mental Health Domain of personal well-being to 75% for each participating Davis County city by 2030.	Utah Wellbeing Project Survey	Bountiful: 64% Layton: 73% North Salt Lake: 72% South Weber: 81%	75%

Acronym Key: Behavioral Risk Factor Surveillance System (BRFSS)

Data Table 3 Continued

Topic	Population Measures	Data Source	Baseline Value	Target Value
Youth Protective Factors	Increase the percentage of students in Davis County who think it's ok to seek help and talk to a professional if they've been feeling very sad, hopeless, or suicidal from 84.4% (2023) to 89.4% by 2030.	SHARP	84.4%	89.4%
	Increase the percentage of students who have talked to an adult in the past month about feeling sad, hopeless, or suicidal from 25.4% (2023) to 30.4% by 2030 (help seeking).	SHARP	25.4%	30.4%
	Increase peer-individual prosocial involvement among students in Davis County from 51.6% (2023) to 56.6% by 2030.	SHARP	51.6%	56.6%
	Increase the percentage of students in Davis County reporting interaction with prosocial peers from 55.4% (2023) to 60.4% by 2030.	SHARP	55.4%	60.4%

Acronym Key: Utah Student Health and Risk Prevention (SHARP)

Data Table 4: Population Measures to MONITOR & ESTABLISH Through 2030

Topic	Measures	Data Source
Adult Abuse Cases	Monitor annual rates of opened cases of adult abuse through 2030. The 2023 rate was 580.5 opened cases per 100,000 population aged 60 and older.	APS; IBIS*
	Monitor the annual percentage of adult abuse cases that were supported through 2030. In 2023, 5.9% of opened cases were supported. Supported means a finding by Adult Protective Services that there is a reasonable basis to conclude that abuse, neglect, or exploitation occurred (Utah Code 26B-6-201, 2023).	APS
Community Conditions	Monitor Utah Healthy Places Index percentile scores for Davis County through 2030. In 2022, Davis County had healthier conditions than 92.6% of other counties in Utah.	UT HPI
Resource Centers	Establish a way of mapping and measuring physical access to community resource centers in Davis County in identified service areas by 2026. Monitor changes in these data in the year 2030 with the hope of seeing a greater percentage of the population served by physical centers.	Data gap
Social Norms	Establish ways of measuring social norms in Davis County by 2026. Monitor changes in these measures in the year 2030 with the hopes of seeing an increase in social norms that support mental, emotional, and social well-being, protect against abuse, and improve access to services and resources.	Data gap
Stigma	Establish ways of measuring various forms of stigma in Davis County by 2026. Monitor changes in these measures in the year 2030 with the goal of seeing a decrease in stigmatizing behavior, experiences, and perceptions.	Data gap

*Rate was calculated using data from two sources.

Acronym Key: Utah Adult Protective Factors (APS), Utah's Indicator-Based Information System (IBIS), Utah Healthy Places Index (UT HPI)

Limitations

No dataset is perfect. The measures selected for this plan have limitations. First, there may be a delay in the availability of data, especially from state and national sources. Cleaning and processing data takes time, and some data is collected every two years, like Student Health and Risk Prevention (SHARP) and IBIS indicators. Data from the Utah Wellbeing Project is also released every other year. It is one of the only local measures of well-being, so it has been included in this plan despite only surveying a selection of Davis County cities. Although the survey does not include all cities, those it does sample contain roughly half the county's population, including its two largest cities, Layton and Bountiful. Second, when relying on other agencies' data, there is no control over how data is collected, so changes in survey methods may prevent the comparison of data between years. Third, additional factors or events beyond the control of health improvement partners may influence the data and prevent the selected measures from showing the impact of prevention efforts, as demonstrated by the COVID-19 pandemic.

Finally, focusing on shared risk and protective factors is a shift from the prior plan's evaluation approach. It is possible that the plan's strategies may raise the community's awareness of health issues and thus increase reporting of cases, especially for violence and abuse. Therefore, measures may look worse for the first few years before eventually trending in the right direction. Additionally, some concepts are too new to have a reliable data source, and these gaps have been noted.

The measures in Data Tables 2, 3, and 4 (on the previous three pages) were the best available sources at the time of this plan's creation. Better measures may become available in the future as health improvement efforts and consequently, data collection efforts, expand beyond looking at health outcomes and move upstream to impacting risk and protective factors.

Health Disparities

Data from the *2023 Davis4Health Community Health Assessment (CHA)* showed that access to opportunities varies by community in Davis County (DCHD, 2023). For this reason, an equity approach was applied to the data in the plan to identify meaningful differences between demographic and geographic groups for each measure in Data Table 5 (refer to page 92) when possible. This approach informs which of the plan's strategies need to be tailored to meet the unique needs of each community within Davis County.

Since age varies across demographic groups in Davis County, age-adjusted rates were used for this analysis when available. However, if the comparison was between age groups, crude rates were used. Differences in rates were considered a disparity if the gap between groups or between a group and the county average were statistically significant based on non-overlapping confidence intervals.

All measures with available data breakdowns by group were assessed for disparities at baseline. The measures with identified disparities will be monitored annually in the hopes that the gaps between groups in Davis County will shrink as health improvement efforts are implemented. All measures, regardless of disparity status at baseline, will be analyzed for new or existing disparities in 2026 and 2030.

When exploring data, factors that may be driving differences between groups should be considered. It is important to understand that this approach is intended to inform the movement toward health equity, not to blame certain identities or groups for the health conditions or outcomes they experience. Community and structural factors outside an individual's or group's control largely influence health choices and outcomes.

Data Table 5: Groups with Significant Disparities in Davis County per Population Measure

Topic	Population Measures*	Groups with Significant Disparities							
		Age	Sex	Race/ Ethnicity	Income	LGBTQ+	Military Service	Disability Status	Small Area/ City
General Well-Being	Overall personal well-being score	X**			X**				
Connection	Social and emotional support	X			X	X		X	X
	Community Connection well-being score				X**				
	Social Connection Domain of well-being				X**				
Good Mental Health	Mental Health Domain of well-being	X**			X**				
Youth Protective Factors	Youth help-seeking behavior		X	X					
	Peer-individual prosocial involvement (youth)			X		X			
	Interaction with prosocial peers (youth)			X		X			
Isolation	Social isolation (adult)				X			X	
	Social isolation (youth)		X	X					
Mental Health Conditions	Poor mental health days	X	X		X	X		X	
	Depressive symptoms (youth)		X	X		X			
	Diagnosed depression	X	X		X	X		X	
Suicide	Died by suicide	X	X						
	Emergency Department (ED) visits for suicide	X	X	X					X
	Recent suicide attempt (youth)			X		X			
Substance Misuse	Youth vaping			X		X			
	ED visits for drug overdose	X	X	X					X
Commitment to School	Low commitment to school (youth)			X		X			
Economic Stability	Unable to pay bills (adult)							X	
	Food insecurity			X					

*Some measures are not included in Data Table 5 because either no disparities were found or group data was unavailable.
**For at least 2 cities

For details on the data for these disparities, please contact healthstrategy@co.davis.ut.us.

Monitoring Outcomes

Davis4Health tracks progress and monitors trends for the selected population health outcomes. If possible, a determination is made about whether rates are moving toward or away from targets. Measures with identified disparities are also checked at this time in order to monitor whether the size of gaps is changing. However, due to a lag in data availability, it can be difficult to determine if changes have occurred during the five years the *CHIP* is implemented.

Evaluating actions throughout the cycle allows Davis4Health partners to adjust and adapt when needed to improve effectiveness.

Appendices

Appendix 1: *2024-2028 Davis4Health Community Health Improvement Plan* Logic Models

Appendix 2: Common Protective Factors for Multiple Youth Outcomes

Appendix 3: Risk Factors for Adolescent Problem Behavior

Appendix 4: Risk & Protective Factors Across the Lifespan

Appendix 5: SAMHSA's Trauma-Informed Approach

Appendix 6: Hot Topics Table from *2023 Davis4Health Community Health Assessment*

Appendix 7: Results Summary of Davis4Health Community Resilience Survey

Appendix 8: Evidence-Based Registries & Resources

Appendix 9: Impacts of Child Sexual Abuse Across the Social Determinants of Health

Appendix 1: 2024-2028 *Davis4Health Community Health Improvement Plan* Logic Models

Plan 1:

Strengthening supports for mental, emotional & social well-being

Davis County is a community where all people are supported in their mental, emotional, and social well-being.

Situation	Strategies	Goals	Outcomes
• Mental health is important through all stages of life. • COVID-19 brought mental health into the spotlight at the national, state, and local level. • Healthy connections with family, friends, and community positively impact mental, emotional, and social well-being across the lifespan (DCHD). • Healthy connections reduce the risk of heart disease, depression, cognitive decline, and other health outcomes (CDC). • Suicide continues to be a top concern in Davis County and is among the top 10 causes of death. • There are barriers to accessing mental health support in Davis County. • Common risk factors for Davis County youth are depressive symptoms, low commitment to school and attitudes favorable to antisocial behaviors (SHARP). • Adults could benefit from education and skills to model positive mental, emotional, and social well-being. • Davis County adult strengths include feeling safe where they live, righting their wrong, and calming themselves down as needed (DCHD). • Areas that Davis County adults could improve are asking for help when needed and feeling safe to talk about feelings (DCHD). • Davis County has successful community collaborations and programs in place to improve mental, emotional, and social well-being.	**1.** Increase social connection in communities where we live, learn, work, play, worship, and rest	**1A**. Identify emerging evidence-based strategies to improve social connection **1B**. Implement programs and strategies to increase social connection among community members and partners	• Commitment to school • Economic stability • Isolation • Mental health conditions • Substance misuse • Suicide • Violence and abuse • Access • Connection • General well-being • Good mental health • Youth protective factors • Adult abuse cases • Community Conditions • Resource centers • Stigma • Social norms
	2. Increase skills to navigate life's challenges	**2A**. Expand evidence-based approaches that promote healthy development, self care, and coping skills **2B**. Continue to promote and support mindfulness education and practices **2C**. Advocate for safe technology initiatives including state campaigns	
	3. Reduce stigma by normalizing and promoting help-seeking, hope, and recovery in the community	**3A**. Develop plain language to promote mental, emotional, and social well-being **3B**. Expand mental, emotional, and social well-being initiatives to a broader audience **3C**. Promote hope and healing through community suicide postvention efforts	
	4. Improve access to relevant services, programs, and care for mental, emotional, and social well-being	**4A**. Increase public awareness of new and existing resources for mental, emotional, and social well-being **4B**. Organize behavioral health information and referral resources **4C**. Improve access to behavioral health providers by connecting individuals to care and removing barriers to services	
	5. Advocate for the collection of Davis County mental, emotional, and social well-being data	**5A**. Support efforts to increase participation in data collection	

Plan 2:

Preventing abuse

A safe and connected Davis County community actively preventing all forms of abuse across the lifespan.

Situation	Strategies	Goals	Outcomes
• Abuse and violence occur in Davis County to people of all ages. • Understanding the scope of abuse is difficult since it's underreported for many reasons that include fear, not being believed, not knowing where to report, family disruption, and not recognizing abuse sign. • Nearly 1 in 2 Davis County adults experienced some form of abuse (physical, sexual, emotional) in childhood (BRFSS). 65.1% of Davis adults reported experiencing at least one ACE (BRFSS). • In 2023, the Davis County rate of supported cases of child abuse was 778.9 cases per 100,000 children under age 18, whereas the Utah rate was 974.5 cases per 100,000 children. • Women and men experience sexual violence. • Rape is the only violent crime in Utah that is higher than the national average (FBICDE). • Elder abuse reports are increasing with the most investigated allegations being financial exploitation, caretaker neglect, and emotional abuse. • Abuse and violence are preventable. • ACEs and Trauma have been a community priority since 2019. • Davis County's Abuse Prevention Workgroup began meeting in September 2022. • In 2023, a statewide movement began to address abuse prevention and align resource.	**1.** Advance healthy relationship initiatives	**1A**. Assess current and evidence-based healthy relationship curriculums **1B**. Promote healthy relationship principles across the lifespan **1C**. Strengthen families and caregivers throughout the lifespan	• Commitment to school • Economic stability • Isolation • Mental health conditions • Substance misuse • Suicide • Violence and abuse • Access • Connection • General well-being • Good mental health • Youth protective factors • Adult abuse cases • Community Conditions • Resource centers • Stigma • Social norms
	2. Promote social norms that protect against violence, abuse, and adversity	**2A**. Increase community awareness that abuse happens and that it is preventable **2B**. Promote evidence-based healthy sexual development materials to parents and the community	
	3. Support the community to recognize, intervene and respond to abuse	**3A**. Educate the community on how to recognize and respond to abuse **3B**. Abuse is reported to appropriate authorities	
	4. Identify and collect Davis County abuse and violence data	**4A**. Gather and establish county baseline data on abuse and violence **4B**. Explore opportunities to measure social norms that protect against abuse and public perceptions related to abuse	

Plan 3:

Improving access to resources & services → All community members are able to meet their needs for well-being.

Situation	Strategies	Goals	Outcomes
• Many resources and services are offered in Davis County. • Agencies are working together to connect people to resources. • Agencies are hiring additional staff to help connect clients with resources and assist them in meeting their basic needs. • No comprehensive county directory of services exists, although several platforms at both state and national levels contain some of them. • Staff in many agencies are developing lists and systems to make referrals, often leading to duplication of efforts. • It is time consuming to keep resource lists up-to-date, and partners are unaware of whose resource list is the most current and inclusive. • A variety of resource centers (physical locations) exist to connect community members to resources. • Davis Links is a successful county networking and resource sharing forum for the community connectors.	**1.** Connect the system (resources, staff, and the public)	**1A**. Use a systems mapping process to understand 1) how the Davis resource network is functioning and 2) how to enhance connections across systems and agencies **1B**. Adopt evidence-based practices to successfully connect the public to resources and services **1C**. Assess and organize Davis County resources & services **1D**. Provide training and support for organizations that are part of the Davis resource network **1E**. Identify, strengthen, and connect neighborhood resource hubs	• Commitment to school • Economic stability • Isolation • Mental health conditions • Substance misuse • Suicide • Violence and abuse • Access • Connection • General well-being • Good mental health • Youth protective factors • Adult abuse cases • Community Conditions • Resource centers • Stigma • Social norms
	2. Utilize technology to develop accessible connection tools	**2A**. Evaluate existing online resource connection platforms **2B**. Produce and maintain an intuitive resource connection tool that incorporates modern technology **2C**. Monitor user experience of the resource connection tool	
	3. Promote resources and services using plain language	**3A**. Develop branding for the Davis resource network **3B**. Produce public education materials and messages to promote the Davis resource network	

Appendix 2: Common Protective Factors for Multiple Youth Outcomes

(CTC, 2016)

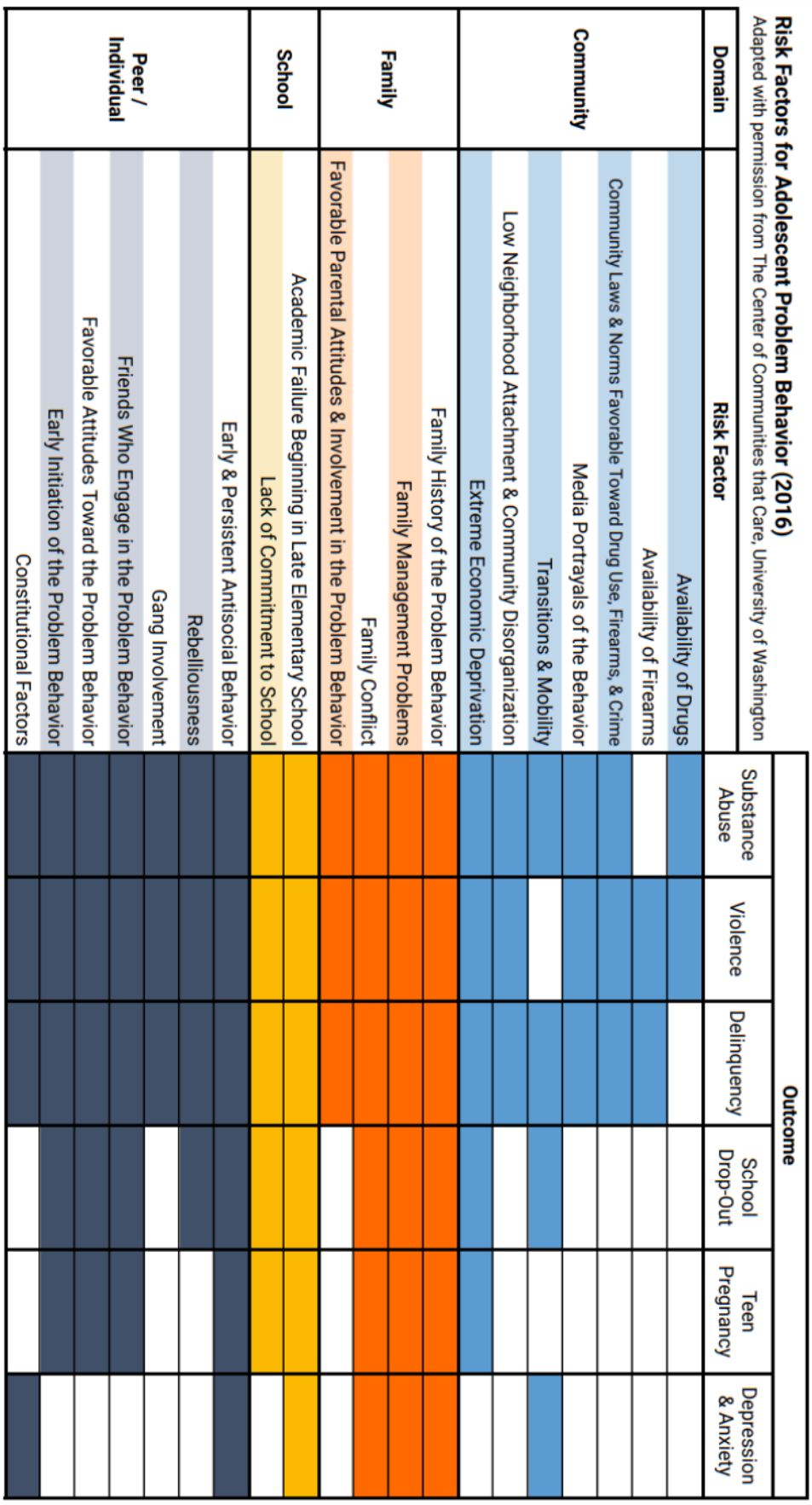
communities that care

Common Protective Factors for Multiple Youth Outcomes

Protective Factors	*Substance Abuse	+Delinquency	*Risky Sexual Behavior	+School Drop-Out	+Violence	+Depression & Anxiety
Individual						
Cognitive Competence	✓	✓	✓	✓	✓	✓
Emotional Competence		✓				
Social/Behavioral Competence	✓	✓	✓		✓	✓
Self-Efficacy			✓			
Belief in the Future	✓	✓	✓		✓	✓
Self-determination			✓			
Pro-social Norms	✓	✓	✓		✓	✓
Spirituality	✓	✓	✓			
Family, School and Community						
Opportunities for Positive Social Involvement	✓	✓				
Recognition for Positive Behavior	✓	✓			✓	✓
Bonding to Prosocial Others	✓	✓	✓	✓	✓	✓

Appendix 3: Risk Factors for Adolescent Problem Behavior

(UW, 2016)



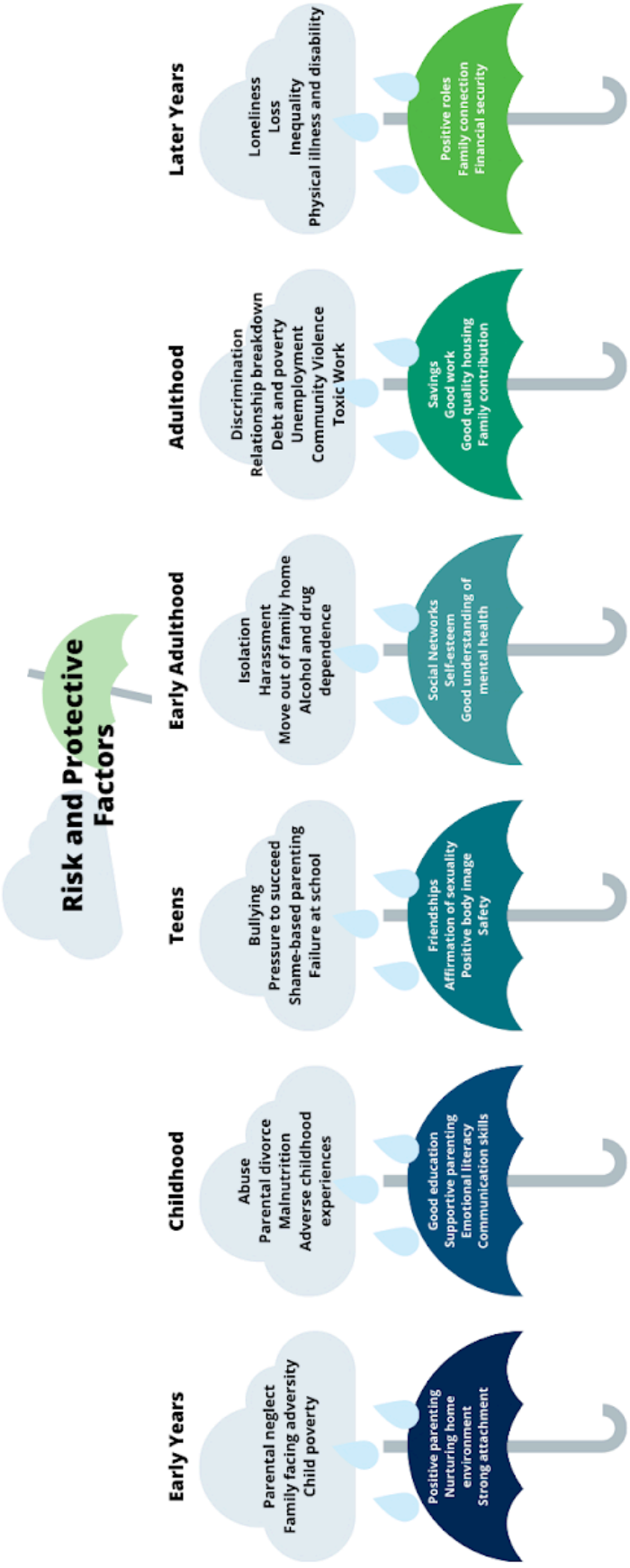
Risk Factors for Adolescent Problem Behavior (2016)

Adapted with permission from The Center of Communities that Care, University of Washington

Domain	Risk Factor	Outcome					
		Substance Abuse	Violence	Delinquency	School Drop-Out	Teen Pregnancy	Depression & Anxiety
Community	Availability of Drugs	■	■				
	Availability of Firearms		■	■			
	Community Laws & Norms Favorable Toward Drug Use, Firearms, & Crime	■	■	■			
	Media Portrayals of the Behavior	■	■	■			
	Transitions & Mobility	■		■	■	■	■
	Low Neighborhood Attachment & Community Disorganization	■	■	■			
	Extreme Economic Deprivation	■	■	■	■	■	
Family	Family History of the Problem Behavior	■	■	■	■	■	■
	Family Management Problems	■	■	■	■	■	■
	Family Conflict	■	■	■	■	■	■
	Favorable Parental Attitudes & Involvement in the Problem Behavior	■	■	■			
School	Academic Failure Beginning in Late Elementary School	■	■	■	■	■	■
	Lack of Commitment to School	■	■	■	■	■	■
Peer / Individual	Early & Persistent Antisocial Behavior	■	■	■	■	■	■
	Rebelliousness	■	■	■			
	Gang Involvement	■	■	■			
	Friends Who Engage in the Problem Behavior	■	■	■	■	■	■
	Favorable Attitudes Toward the Problem Behavior	■	■	■	■	■	■
	Early Initiation of the Problem Behavior	■	■	■	■	■	■
	Constitutional Factors	■	■	■			■

Appendix 4: Risk & Protective Factors Across the Lifespan

(DCHD, 2023, adapted from Kousalis & Goldie, 2021)



Appendix 5: SAMHSA's Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific. From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

The six key principles fundamental to a trauma-informed approach include:

1. Safety: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. Trustworthiness and Transparency: Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. Peer Support: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration and utilizing their stories and lived experience to promote recovery and healing. The term "peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. Collaboration and Mutuality: Importance is placed on partnering and the leveling of power differences between staff and clients including among organizational staff from clerical and housekeeping personnel, to professional staff to administrators. This demonstrates that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "one does not have to be a therapist to be therapeutic."

5. Empowerment, Voice and Choice: Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. Cultural, Historical, and Gender Issues: The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma (SAMHSA, 2014).

Appendix 6: Hot Topics Table from 2023 Davis4Health *Community Health Assessment*

Table 101: ***Common Health Topics Across Community Health Assessment Data Sources, Davis County, 2019-2023***

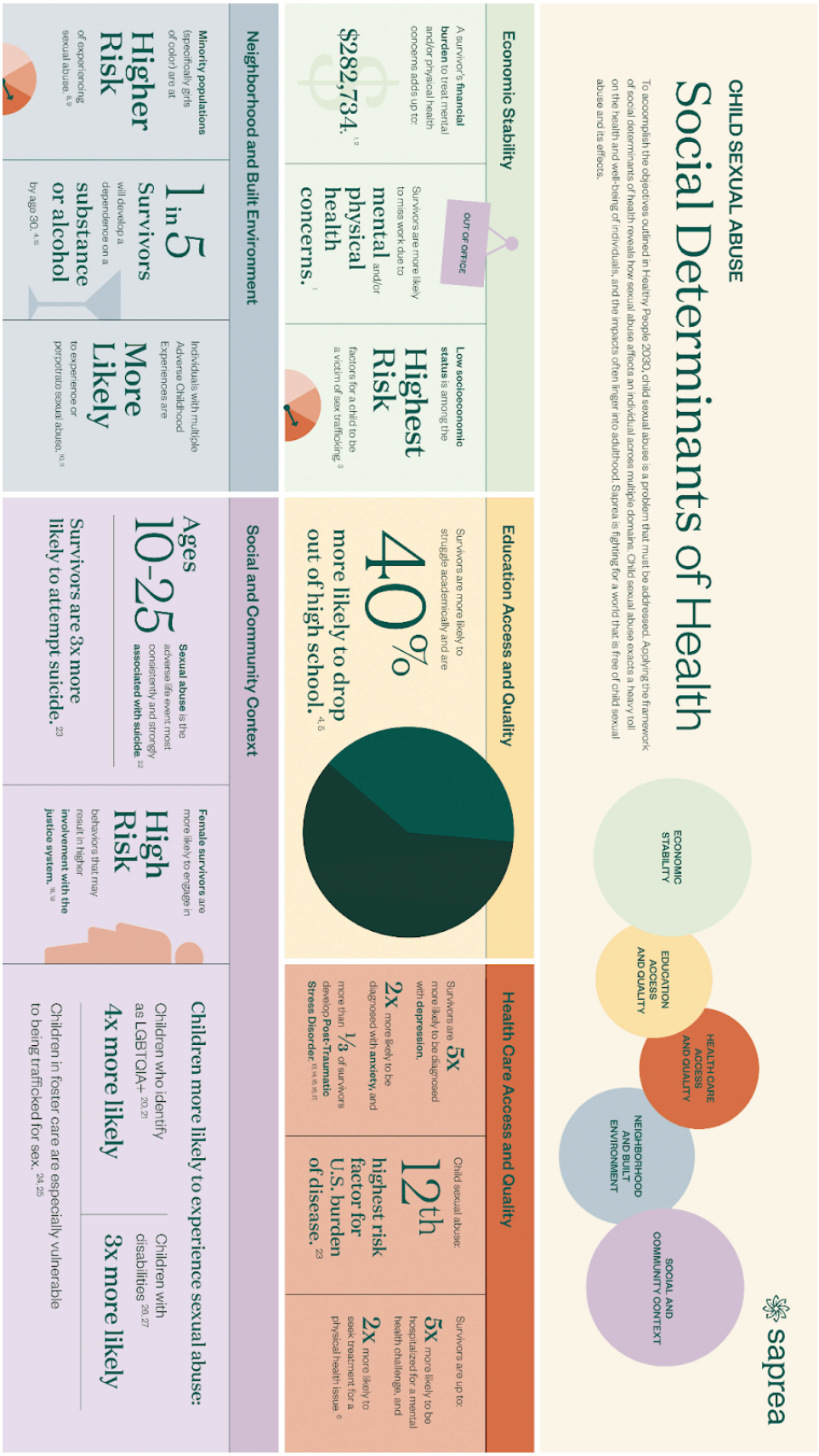
Chapter	Topics *	Type of Data Source							
		Community Voice	Community Partner Inputs	Hospital Assessments	County Health Rankings & Roadmaps	Utah Healthy Places Index	Unmet Healthy People 2030 Leading Health Indicators	Leading Causes of Death & Hospitalization	Worse than the State of Utah
Demographics	Health Disparities	■	■	■					
	Aging	■	■						
	Population Growth	■							
Culture of Health	Resource Access & Awareness	■	■						■
	Arts & Cultural Expression	■	■						■
	Diverse Engagement	■		■					
Health Outcomes	Mental Health & Suicide	■	■	■			■	■	■
	Heart Disease & Stroke	■		■			■	■	
	Obesity	■		■	■				■
	Cancer			■				■	■
	Diabetes			■			■	■	
	Infectious Diseases		■				■	■	
	Alzheimer's							■	■
	Chronic Lower Respiratory Diseases							■	■
	Maternal Health						■	■	
	Unintentional Injury			■				■	
	Arthritis								■
Health Behaviors	Substance Use	■	■	■				■	
	Nutrition		■				■		■
	Physical Activity	■					■		
	Sleep	■							■
	Sexual Health	■			■				
Clinical Care	Healthcare Access	■	■						■
	Vaccines & Immunizations		■	■			■		
	Dental Care & Oral Health		■						
Social & Economic Factors	Food Insecurity	■	■	■			■		■
	Connection & Resilience	■	■		■				■
	Education Programs & Performance	■	■			■	■		
	Income, Wages, & Wealth	■	■		■				■
	Housing	■	■	■		■			
	Social Determinants of Health (SDOH)	■	■	■					
	Violence, Abuse, & Trauma	■	■	■					
Environment	Air Quality	■	■	■	■	■			■
	Transportation	■							■
	Water Quality & Access	■		■					
	Park Access					■			

Data: UT HPI, 2022; University of Utah Health, 2023; Intermountain Healthcare, 2022; DCHD, 2022; CHR&R, 2022; IBIS, n.d.
* Note: Topics are not mutually exclusive and may overlap each other

Appendix 7: Results Summary of Davis4Health Community Resilience Survey

Appendix 8: Evidence-Based Registries & Resources

Item	Description
What Works for Health	A collection of strategies for supporting community changes. These include evidence-informed program, policies, and system changes. They are organized by simple topics or curated lists for addressing complex health problems.
Blueprints for Healthy Youth Development	A comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.
Evidence-based Practice Database Directory	A collection of popular databases that allow the user to search for evidence-based programs based on program parameters.
Utah Healthy Places Index® Policy Guides	Use the Policy Action Guides to identify evidence-based policy interventions to meet the needs of the community tied to indicators in the Healthy Places Index®.
Choose Effective Policies and Programs	A guide from the Centers of Disease Control and Prevention to help you select multiple activities that address socioeconomic factors, the physical environment, health behaviors, and clinical care to maximize a program's impact.
Choose and Adapt Community Interventions	An in-depth guide on how to identify and choose a particular program that has the potential to effectively address the conditions in your community.
Evidence-based Toolkits	Step-by-step guides on a variety of health topics. Although this source is from the Rural Health Information Hub, these tools can still be applied in Davis County!
Sustainability Planning Guide	Centers of Disease Control and Prevention guide for sustaining policy strategies and related activities, which introduces various approaches to sustainability, and demonstrates sustainability planning in action with real-life examples.

Appendix 9: Impacts of Child Sexual Abuse Across the Social Determinants of Health

(Saprea, n.d.)